

DRAFT REQUEST FOR PROPOSAL FOR FAMILY SUPPORT & RELATED SERVICES

AND

OPPORTUNITY FOR COMMENT

Department of Social and Health Services Children's Administration

October 15, 2012

PURPOSE OF THE DRAFT REQUEST FOR PROPOSAL & INSTRUCTIONS FOR SUBMITTING COMMENTS

The Children's Administration (CA) of the Washington State Department of Social and Health Services (DSHS) is pleased to release this *Family Support & Related Services DRAFT Request for Proposal* (Draft RFP) for public review and comment.

This Draft RFP serves three purposes:

1. It provides potential Responders and interested stakeholders with current information about CA's proposed model to assist in considering their options before the final Request for Proposal (Final RFP) is released on December 31, 2012,
2. It allows for comments that will help CA finalize the Final RFP, and
3. Provides a mechanism for potential Responders to notify CA of their interest in becoming a Network Administrator to facilitate contact with potential subcontractors in developing a Provider Network, as outlined in Section 6.2.

Children's Administration fully expects that some or all sections of the Draft RFP may undergo modification prior to the release of the Final RFP. Modifications may be based on comments received and recommendations from expert consultants assisting CA. The Final RFP may contain more detailed information than the Draft RFP but the general direction, basic model, and nine service categories are not expected to change. The comments received on the Draft RFP will help CA identify gaps and prioritize additional information that prospective Responders will need to develop quality proposals in response to the Final RFP.

This Draft RFP does not constitute a solicitation of proposals, a commitment to conduct procurement, or an offer of a contract or prospective contract. Commenting or failing to comment on the Draft RFP will not disqualify or prohibit any entity from the competitive procurement process when the Final RFP is released. Comments submitted in response to this Draft RFP are subject to public disclosure under the state's Public Records Act (RCW 42.56). CA will review all comments that are submitted in accordance with instructions in the following section.

How to Submit Comments on this Draft RFP

Comment Submission Date, Time, and Location

Comments to this Draft RFP are due **no later than October 29, 2012, at 5:00 p.m.**, Pacific Time. Comments received after this time will not be considered. Comments must be submitted through the on-line Electronic Submission Form, as identified in these instructions.

Format for Submitting Comments

Interested persons or entities may comment on all sections of the Draft RFP or provide comments related to only certain areas. If after review of the comments CA determines that it is in the best interest of the agency and the state, CA staff may contact some of those providing comments for further information.

- All comments on this Draft RFP must be submitted through the electronic Comment Submission Form and following directions to [Draft RFP Comments–Click Here](#).
- All persons or entities commenting on this Draft RFP must complete the Identifying Information section of the Comment Submission Form. Submissions that do not contain this information will not be reviewed.
- Please be as specific as you can in your comment and provide the detailed section number for each comment (example: 4.3.5.1.1); otherwise we may not understand what your comment refers to.

Designated Point-of-Contact

The sole point of contact for inquiries concerning this Draft RFP is:

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The Final RFP will be issued on December 31, 2012. At that time, all documents relevant to this procurement will be available on the DSHS Procurements website at <http://www.dshs.wa.gov/ccs/>.

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1 INTRODUCTION

1.1 PURPOSE OF PROCUREMENT FOR PERFORMANCE BASED CONTRACTING FOR FAMILY SUPPORT AND RELATED SERVICES

The purpose of this Request for Proposal (RFP) is to seek qualified applicants to serve as Network Administrators (NA) to partner with the Washington State Department of Social and Health Services Children's Administration (CA) in the implementation of performance based contracting for Family Support and Related Services. CA is the mandated public child welfare agency in Washington State that serves abused and neglected children and their families.

This RFP implements the requirements of [Engrossed Second Substitute House Bill 2264](#), codified as [RCW 74.13B](#), which mandates CA to develop performance based contracts with Network Administrators for Family Support and Related Services. RCW 74.13B.050 waives application of the state's contracting out statute, RCW 41.06.142, for the services and activities mandated in RCW 74.13B.020 and 74.13B.030. The statute is intended to

- a) Reform the delivery of certain services to children and families in the child welfare system by creating a flexible, accountable community-based system of care that utilizes performance-based contracting, maximizes the use of evidence-based, research-based, and promising practices, and expands the capacity of community-based agencies to leverage local funding and other resources to benefit children and families served by the department;
- b) Achieve improved child safety, child permanency, including reunification, and child well-being outcomes through the collaborative efforts of the department and contracted service providers and the prioritization of these goals in performance-based contracting; and
- c) Implement performance-based contracting in a manner that supports and complies with the federal and Washington state Indian child welfare act.

See RCW 74.13B.005.

This statute provides the Children's Administration an opportunity to contract for services in a different way and improve the quality, effectiveness, access, and availability of services statewide to achieve improved outcomes for families and children involved in the child welfare system. By working together, public and private entities, each in their respective roles, contribute to the achievement of the best outcomes for families and children.

The intent of this contract is to:

- Deliver effective services that stabilize families -- focusing on parental protective capacities to establish and maintain child safety and to provide for the well-being of their children.
- Contract for the provision of culturally responsive quality services that families need to keep children safely at home and establish safe permanency (including reunification) more quickly when children have been placed in out-of-home care.
- Improve the quality and availability of services in local communities and in close proximity to families involved in the child welfare system.
- Increase accountability in the purchasing and provision of high quality, culturally responsive services.

- Increase focus on outcomes – safety, effectiveness, timeliness of services, permanency, and sustainable change.
- Use performance data and geographic proximity information to support caseworker's selection of service providers.
- Use creative approaches to build service capacity in all parts of the state.
- Support family connections to leverage natural supports and local community resources.

Children's Administration seeks to contract with NAs:

- To implement a high quality, culturally responsive service delivery system with broad-based community involvement and support.
- That have demonstrated leadership, knowledge, experience, and expertise in achieving quality outcomes for families and children involved with the child welfare system.
- That embrace the values, principles, and approaches that reflect CA's key elements of practice in serving families and children in the child welfare system.
- That have demonstrated ability and capacity to develop and manage services needed by families involved with the child welfare system.
- That are committed to continuous quality improvement, accountability, excellence in service provision, and innovation.

The Network Administrator is responsible and accountable for all requirements contained in this RFP and as specified in the NA contract for performance based contracting, whether performed by NA employees, subcontractors, or subcontractors' employees.

1.2 EXPECTED RESULTS OF PERFORMANCE BASED CONTRACTING FOR SERVICES

In accordance with RCW 74.13B.020, this performance based contract for services structures all aspects of the procurement of services around the purpose of the work to be performed and the desired results. Contract requirements are set forth in clear, specific, and objective terms with measurable outcomes, and include provisions that link the payment for services to the performance of the contractor and the outcomes for children and families.

CA will contract with highly qualified entities to act as NAs and deliver services through employees or subcontractors that will achieve clearly defined goals for families and children. Expectations about desired results will be explicitly stated in the contracts resulting from the RFP. All work performed under this contract will be monitored and tracked by CA, and NA performance will be linked to the payment model.

Through timely, appropriate, culturally responsive, high quality services, CA expects the performance based contract will produce the following results:

- More children will be able to safely remain in their own homes.
- More children will be returned to their own homes.
- Children placed in out-of-home care will have increased safe and timely achievement of permanency.
- Family and community-based services will be more consistently available across the state in the communities where families live.

- Services and supports for families and children will be individualized, flexible, and build on families' strengths and natural support systems, to ensure that families and children receive the services they need when they need them.
- Families will be engaged in services throughout the provision of services.
- Families will demonstrate progress in addressing the safety and permanency needs of their children.
- Service intervention plans will be developed to address the service goals identified by the CA caseworker, with timely, family-guided, culturally responsive, strength-based, service intervention strategies individualized to meet the unique needs of families.
- Services will include broad use of evidence-based, research-based, and promising practices.
- NAs will exercise sound business practices including robust quality assurance and improvement systems, accurate and timely data collection and reporting capability to monitor outcomes and guide planning, and strong fiscal controls to ensure that dollars are used effectively.
- Families will report improved satisfaction with services.

Children's Administration is committed to the successful implementation of performance based contracts. CA will be an active partner with Network Administrators in focusing on continuous quality improvement as a way of doing business to increase the quality of services and improved outcomes for families and children.

2 BACKGROUND

2.1 OVERVIEW OF THE CHILDREN'S ADMINISTRATION

The Washington State Department of Social and Health Services (DSHS) is an integrated organization of high-performing programs working in partnership for statewide impact to help transform lives. Each year, more than 2.2 million children, families, vulnerable adults and seniors come to DSHS for protection, comfort, food assistance, financial aid, medical and behavioral health care, and other services.

The Children's Administration (CA) is one of five administrations within DSHS and has the primary responsibility for protecting children from abuse and neglect and strengthening and supporting their families. CA provides state-administered case management by state employees and contracts for the delivery of services from private providers.

About three percent of Washington State's population is impacted by CA activities. More than 200,000 individuals benefited either from direct or ancillary services provided by CA in State Fiscal Year 2011, representing ten percent of the entire DSHS client population. Nearly 2,400 CA staff are located in three geographic regions. Staff in 46 field offices provide case management and refer families to contracted service providers for a wide array of services. These services are designed to help achieve child safety, permanency, and to provide families access to necessary supports and services that contribute to improved well-being outcomes for children.

Children's Administration's core mission is the safety of children, both in their own homes and in out-of-home placement. CA strives to protect children from child abuse and neglect, while preserving the family's integrity, cultural values, and ethnic identity to the maximum extent possible. Through a government-to-government relationship with Tribes, CA provides services to Indian families and children.

Children's Administration provides case management and contracted services to Washington children and their families in the following general areas:

- Child protective services
- Indian Child Welfare services
- Out-of-home placement services
- In-home services and supports
- Foster care licensure, monitoring, abuse and neglect investigations, and support
- Pre-adoptive and post-adoptive services
- Supports for older adolescents, including those who are transitioning from out-of-home care

CA works with parents to keep children safely in their own homes. When children cannot remain safely at home, children are placed in out-of-home care while CA makes efforts to safely reunify them with their family. While working toward reunification, CA must concurrently establish an alternative permanent plan. If a child cannot be safely returned home, CA must timely move them to a safe permanent family.

2.2 HOW THE PROCUREMENT ALIGNS WITH CA PRIORITIES AND PRACTICE

In this RFP, CA has prioritized resources that focus on the core mission of child safety, with an emphasis on contracted services that:

- Support families in keeping their children safely at home, and
- Promote safe permanency more quickly, including facilitating and maintaining safe reunification.

In an effort to prioritize the safety of children, efficiently manage fiscal resources, and meet new legislative requirements for performance based contracting, Family Assessment Response (FAR), and evidence-based practices (EBP), CA is implementing changes that impact the services included in this procurement. CA will retain its mandated responsibility to accept all allegations of child abuse or neglect that screen in and meet statutory requirements for a child protective services response, and will respond to those intakes with a Child Protective Services investigation or family assessment response.

Children's Administration is responsible for providing case management, while the NA will be responsible to provide a network of services available to CA caseworkers. Caseworkers will be responsible for selecting appropriate services and providers from the network. A strong working partnership between CA and NAs, which integrates these roles, is critical to meet the core mission of child safety.

NAs will partner with CA to address threats to child safety through services, strategies, and supports that match family and child needs. These family and child needs, and the services and strategies that address them, will be developed in full partnership with the family and its natural support system, using a process guided by the Solution Based Casework practice model and the Child Safety Framework (described in Section 2.4).

2.3 VALUES AND GUIDING PRINCIPLES

Each NA must ensure their approach to service delivery incorporates the following values and guiding principles.

- Child safety is paramount.
- Culturally responsive, flexible, quality services match the unique needs of families and individuals served.
- Services are consistent statewide, accessible to families, and available in close proximity to families, regardless of where they live.
- Services are effective and individualized to build on family strengths to:
 - Protect children from abuse and neglect.
 - Increase parental protective capacity to establish and maintain child safety, so that children can remain safely at home or safely return home more quickly.
 - Provide for the physical and emotional well-being of their children.
 - Establish and strengthen community connections and natural supports.

2.4 KEY ELEMENTS OF PRACTICE

Children's Administration has adopted a practice model and several complementary practice approaches to serving families and children. The foundation of all these practices is a

commitment to involve families in the decisions impacting their lives. Services should support and complement these practices. Required training on these practices, as it relates to service delivery, will be provided to NA staff prior to implementation of the contracts.

2.4.1 PRACTICE MODEL – SOLUTION BASED CASEWORK

Solution Based Casework (SBC) provides an overarching framework for public child welfare practice in Washington State. SBC is a family-centered practice model of child welfare assessment, case planning, and ongoing casework. The model targets specific everyday events in a family's life that causes dangerous situations for their children, and establishes a common approach to identify behaviorally-specific change needed to address safety issues for children and their families.

The foundation of this framework is a clinical model that sets out the philosophy and theory of practice and directs agency staff toward family-focused practice. SBC combines problem focused relapse prevention approaches that evolved from work with addiction, violence, and helplessness, with solution-focused models that evolved from family systems casework and therapy. Partnerships between family, caseworker, and service providers are developed to address basic needs and restore the family's pride in their own competence.

Under SBC, CA's work with families is anchored in the following three tenets:

- Services should occur in partnership with the family and, where applicable, tribal child welfare staff.
- Families encounter common everyday life challenges, and dangerous behaviors and safety threats occur within the context of everyday life. Service planning for prevention must be directly tied to those events.
- Case planning must target the reinforcement and development of situation-specific behavioral relapse prevention skills.

Through the services selected by the CA caseworker from the Network, service providers will assist families to implement behaviorally specific plans of action that address safety concerns at the family and individual level.

More information about Solution Based Case Work can be found at:

<http://www.solutionbasedcasework.com>.

2.4.2 CHILD SAFETY FRAMEWORK

The Child Safety Framework supports and enhances Solution Based Casework and focuses on assessing and addressing child safety throughout the life of a case. The safety framework is built on precise language used throughout CA's child welfare practice.

Safety is the primary and essential focus that informs and guides ALL decisions made from Intake through case closure. This includes removal and reunification decisions and assessing safety of children in all placement settings. Safety is reliant on good information gathering, assessments and analysis. The Child Safety Framework supports strength-based practice and CA's practice model.

- Decisions about child safety are based on comprehensive information, logical reasoning and analysis (not incident-based or reactionary).
- The safety decision-making process must include a continuous assessment of present and impending danger throughout the life of the case.

- A focus on safety must be maintained from the initial assessment through case closure using required tools to assess, control and manage safety threats.
- Every caseworker will assess the safety of the child for present or impending danger. If present danger exists the worker will take immediate protective action.
- A decision that a child is unsafe does not mean the child must be removed from the family home.
- A decision to place a child in out-of-home care is a safety decision. This level of intervention is only justified when it is clear that child safety cannot be controlled and managed in the home.
- Conditions for return home are designed to ensure that children are returned when no safety threats exist or an in-home Safety Plan can be implemented and sustained, and when the parents are able to control and manage child safety.

CA uses the safety framework to guide decision-making in developing Safety Plans that include crisis services for families to control and manage impending danger threats to the child. When safety threats can be controlled and managed in the family home, children can remain in their homes with services designed to keep them safe.

2.4.3 WRAPAROUND APPROACH TO SERVICE DELIVERY

Wraparound is an individualized empowerment approach to service delivery that respects family perspectives and preferences and emphasizes community and family involvement in service delivery. Services are strength-based, flexible, culturally responsive, and rely upon measurable objectives. Services, strategies, and interventions are identified in partnership with the family, the CA caseworker and, where applicable tribal ICW staff, and align with the family's values, beliefs, and culture.

Wraparound principles will be applied to the delivery of services to families and children served by CA. The ten wraparound principles are:

1. Family voice and choice
2. Team-based
3. Natural support for the family
4. Collaboration
5. Community-based
6. Culturally competent
7. Individualized
8. Strength-based
9. Unconditional and persistent
10. Outcome based

2.4.4 FAMILY MEETINGS AND CASE STAFFINGS

Family meetings and case staffings are important in effectively involving families in the decisions that impact them. These meetings engage parents in a shared planning process to develop family-specific case plans focused on identified threats to a child's safety or well being and child-specific permanency goals. Multiple issues impacting children and families may be

addressed in one meeting rather than holding separate meetings for each issue. Service providers working directly with families may be included by the CA caseworker in these meetings.

Shared Planning

Shared Planning Meeting is the broad term used to reference all family meetings that bring individuals together to address child safety, permanency, and well-being. Some examples of shared planning meetings include meetings held to address 17.5 year-old transition planning, permanency planning, prognosis, and Child Health and Education Tracking (CHET).

Family Team Decision Making

Family Team Decision Making (FTDM) is a meeting process CA uses to make child placement decisions. CA convenes these meetings when initial placement or a placement move is anticipated. FTDM meetings bring people together who are involved with the family to make critical decisions regarding the removal of child(ren) from their home, changes in out-of-home placement, reunification, or placement into another permanent home. These meetings involve the family, community members, providers, and resource families.

Child Protection Team

Child Protection Team (CPT) staffings provide multi-disciplinary consultation and recommendations to the Department on cases where there is a risk of serious or imminent harm to a young child and when there is a dispute between professionals about whether an out-of-home placement is appropriate.

2.4.5 ADVERSE CHILDHOOD EXPERIENCES

According to the Adverse Childhood Experience (ACE) study, an ongoing study led by the Centers for Disease Control and Prevention (CDC) and the Kaiser Health Plan's Department of Preventive Medicine, "stressful or traumatic childhood experiences such as abuse, neglect, witnessing domestic violence, or growing up with alcohol or other substance abuse, mental illness, parental discord, or crime in the home (called adverse childhood experiences) are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, risk of violence or re-victimization, disease, disability and premature mortality." Breakthroughs in neurobiology have found that ACEs disrupt neurodevelopment and can have lasting effects on brain structure and function.

The Washington Family Policy Council, with the support of several grants, completed a study of ACEs in Washington which are detailed in the report, *Adverse Childhood Experience & Population Health in Washington: The Face of a Chronic Public Health Disaster*. This report identified the following:

- ACEs are common—they are endemic in Washington.
- ACEs tend to co-occur or cluster in the lives of children.
- ACEs add up—more is worse—as captured by the ACE score.
- As the ACE score increases, the risk of numerous health and social problems increase dramatically.

All of these childhood stressors are interrelated and usually co-occur. Prevention or treatment of one ACE frequently can mean that similar efforts are needed to treat multiple persons in

affected households. Better identification and treatment of the effects of ACEs among persons interacting with children is necessary to minimize the impact of their intergenerational transmission. Development of more integrated approaches will likely contribute to improved treatment. Investment in early intervention and intensive in-home services can alter the conditions under which ACEs occur.

It is important that NAs understand the context of ACEs in providing services for families and children referred to NAs. Additional information can be found at <http://www.fpc.wa.gov/publications.html>.

2.4.6 DOMESTIC VIOLENCE PRACTICE PRINCIPLES AND EXPECTATIONS

Domestic violence may profoundly impact the ability of a family to protect and nurture their children. It may also pose a threat to caseworkers and other professionals working with the family. Because of these concerns, it is critical that the NA has access to current information and resources about domestic violence, and that the NA partner with private agencies involved in domestic violence intervention to better serve families experiencing domestic violence.

Domestic violence is an issue that often coexists with child maltreatment in the families served by CA. In a 2005 study of families served by CA, domestic violence was indicated as present in 47 percent of cases assigned for investigation. Domestic violence may interact with and impact other issues a family may be experiencing such as poverty, substance abuse, and social isolation.

The NA must provide domestic violence interventions that are consistent with CA's practice. The NA must know and follow the information and guidelines found in CA's Social Worker's Practice Guide to Domestic Violence, February 2010 (and as may be updated). This publication can be accessed at <http://www.dshs.wa.gov/pdf/Publications/22-1314.pdf>.

2.5 INTERSECTION WITH OTHER CA LEGISLATIVE INITIATIVES

2.5.1 CASE MANAGEMENT DEMONSTRATION SITES

RCW 74.13.360 requires the Department to contract with Supervising Agencies (SA) to provide case management in two demonstration sites by December 30, 2015.

- The NA's contract to provide Family Support and Related Services will continue in these demonstration sites. The NA will provide services to families and children that are under the case management of both CA and the SA.
- NAs may not contract to be an SA in demonstration sites that overlap with the NA's contracted service catchment area.

2.5.2 FAMILY ASSESSMENT RESPONSE

RCW 26.44.260 requires CA to implement Family Assessment Response (FAR). FAR provides an assessment response to CPS referrals that do not require an investigation. FAR workers will refer families to services in local communities and to services provided through the NA's Provider Network. The FAR implementation plan will be submitted to the legislature on December 31, 2012, and implementation will begin on December 1, 2013.

2.5.3 EVIDENCE-BASED PRACTICES

RCW 43.20C requires CA to increase the use of evidence-based, research-based, and promising practices. Evidence-based, research-based, and promising practices will be integrated into the NA's Provider Network as identified in this RFP.

2.6 LEGAL REQUIREMENTS

Children's Administration requires adherence and cooperation in following all court ordered provisions relating to services which are entered in individual dependency proceedings, applicable state and federal law, and applicable CA policies and directives. These include, but are not limited to those listed below:

2.6.1 STATE LAW REQUIREMENTS

The NA is expected to follow all applicable state laws, including statutes, rules, and case law. These laws include, but are not limited to:

- RCW 13.34, the dependency and termination statute.
 - RCW 13.34.370 requiring services to be provided by qualified personnel, and in compliance with court orders and state and federal requirements.
- RCW 13.38, the Washington State Indian Child Welfare Act.
- RCW 13.50 and other statutes governing confidentiality and disclosure of records.
 - RCW 13.50.100(6) requires a contracting agency that provides counseling, psychological, psychiatric, or medical services to release to the office of the family and children's ombudsman information or records relating to services provided to a juvenile who is dependent under RCW 13.34, without the consent of the parent or guardian of the juvenile, or of the juvenile if the juvenile is under the age of 13 years.
 - Numerous statutes require confidentiality of certain categories of records, such as medical records, mental health records, drug alcohol treatment records.

2.6.2 INDIAN CHILD WELFARE ACT AND WASHINGTON STATE CENTENNIAL ACCORD

The Department has a strong working relationship with Washington State's federally recognized Tribes and Recognized American Indian Organizations (RAIO). CA's primary Indian Child Welfare goals are to provide safety, well-being, and permanency to vulnerable Indian children by complying with the federal and state Indian Child Welfare Acts and, in collaboration with tribal governments, to exercise government-to-government relationships between the state and Indian Tribes and Nations through the maintenance and support of the:

- Federal Indian Child Welfare Act.
- State Indian Child Welfare Act.
- Washington State Centennial Accord.
- Washington State Tribal/State Agreement.
- Washington State Local Tribal Agreements.
- DSHS Administrative Policy 7.01.

Under RCW 74.13.031(13), CA is authorized to provide services to Indian children who are in the custody of a federally recognized Tribe or tribal agency. When services are requested by CA, the NA will be expected to provide services to families and children served by the Tribe.

The NA will have knowledge of and will comply with the applicable agreements between DSHS and federally recognized Tribes and follow all state and federal laws related to Indian Child Welfare. The relationship between Tribes and CA is further described in Section 4.4.

The Washington State Centennial Accord, Tribal Directories, and Tribal Chair lists are available at the Governors' Office of Indian Affairs website at: <http://www.goia.wa.gov>.

The federal and state Indian Child Welfare Acts, Washington State Tribal/State Agreement, Local Tribal/State Agreements and pertinent information for Indian Child Welfare is available at the CA website under the ICW Program: <http://www.dshs.wa.gov/ca/services/srvICW.asp>.

DSHS Administrative policy 7.01 and regional plans jointly developed by Tribes and regional administration, which identifies the implementation of the Washington State Centennial Accord for DSHS Administrations, are located at the Office of Indian Policy website: <http://www.dshs.wa.gov/oip>.

The CA Indian Child Welfare Manual is available at the CA website under the ICW Program: http://www.dshs.wa.gov/ca/pubs/mnl_icw/chapter1.asp.

2.6.3 FEDERAL LAW REQUIREMENTS

The NA is expected to follow all applicable federal laws and policies. Washington is held accountable for meeting federal requirements related to safety, permanency and well-being, and non-discrimination. These federal requirements are primarily contained in Titles IV-B and IV-E of the Social Security Act and can be reviewed at: http://www.acf.hhs.gov/programs/cb/laws_policies/.

All states routinely track and report caseload and performance data to the federal government. The requirements are listed at: <http://www.acf.hhs.gov/programs/cb/systems/index.htm#afcars>.

2.6.4 FEDERAL CHILD & FAMILY SERVICES REVIEW

During September 2010, the Federal Government completed its on-site Child and Family Services Review (CFSR) of the child welfare system in Washington State. This on-site review identified current strengths of the system and areas needing improvement. In response to the final report, CA is implementing a Program Improvement Plan (PIP), which can be found at: <http://www.dshs.wa.gov/ca/CFSR/about.asp>. The NA will be required to comply with any applicable requirements of the PIP that are included in the final negotiated contract.

2.7 DEFINITIONS

Definitions included in **EXHIBIT A** govern the interpretation of the content of the RFP and are incorporated herein.

3 GENERAL INFORMATION ABOUT THE PROCUREMENT

3.1 POPULATION TO BE SERVED BY THE NETWORK ADMINISTRATOR

Families and children who have an open CA case (state or tribal) and are within the geographic catchment area covered by an NA will be referred to the NA for services from a network provider by a CA caseworker, on behalf of the state or Tribe, who determines that a family is in need of services beyond those provided directly by CA or the Tribe. Families and children with and without court supervision may be referred for services.

Families and children to be served fall into the two general populations listed below. They will receive services across the service continuum to meet their needs, as described in Section 4.3.

Population to Be Served	Services ¹ Directed Toward
Families with their child(ren) in the parent's home	Controlling for safety threats and risk of children. Increasing parental protective capacity to keep children safely at home and prevent placement. Safely preserving, strengthening, and reconciling families in conflict.
Families with child(ren) placed in out-of-home care	Increasing parental protective capacity to safely care for their children. Maintaining parent-child relationships and family connections for children in the family through supported visitation. Promoting safe permanency more quickly, including facilitating and maintaining safe reunification.

No Eject/No Reject: All referrals to the NA made by CA caseworkers for the services in the Service Array will be accepted by the NA and assigned to the requested provider, unless the NA determines the provider is not available or appropriate for the particular service. If the NA determines the provider is not available or appropriate for the particular service, the NA is responsible to provide the service through another provider in the Provider Network. The NA will continue to provide services through the Provider Network and shall not discontinue serving the family until the service is completed or the CA caseworker informs the NA that services are no longer needed.

Exclusion Criteria: Families and children that CA staff determine do not need the services of an NA will not be referred to the NA. This includes situations where the needs of families and children can be addressed through a CPS investigation or family assessment response, or any other case management supports provided by a CA caseworker or tribal child welfare staff.

Legacy Service: Families and children who are receiving services included in the Service Array at the time the NA contracts are implemented will be referred to as “legacy” services, and will be transitioned to the NA for services consistent with the transition requirements described in Section 4.7 Start-up & Transition. CA intends to maximize continuity and minimize disruptions in services as responsibility for services providers is transferred to the NA.

¹ Services and identified providers may be specified in a dependency court order.

To minimize service disruptions, CA intends to seek agreement from newly contracted NAs to maintain service delivery under current CA contracts for services that are anticipated to be completed within 90 days of the NA contract effective date.

CA invites comments about transition options that will minimize service disruptions to families and children from entities that are considering submitting a proposal in response to the Final RFP.

New Case: When the CA caseworker determines that a child or family needs services provided through the NA, the CA caseworker will make a service referral to the NA, according to the service referral process.

Families and Children Residing in Different Catchment Areas: When children and their parents reside in different catchment areas, CA will identify where the service should occur and will make a service referral to the NA in that catchment area. To increase service continuity, CA's preference is that all family members will be served by one NA when that is possible.

Families Move to a Different Catchment Area: When families are receiving services in one catchment area and move to another catchment area, CA will assess the service needs of the family and work with the NA currently providing services to determine whether they can continue to provide services (likely in a case where a family has moved a short distance outside the boundary), or whether a transition to another NA is needed.

3.2 EXPECTATIONS FOR SERVING INDIAN CHILDREN AND FAMILIES

Network administrators will ensure that providers deliver services to families and children served by Tribes when requested by CA. Children's Administration works with tribal child welfare staff to provide services to Indian children and their families. Services to Indian children served by tribal child welfare agencies are provided to the same extent services are provided to children served by CA. The process for providing services is established through agreements between CA and individual Tribes and will not change as a result of this procurement.

3.3 NUMBER OF NETWORK ADMINISTRATORS:

Children's Administration intends to award one NA contract per catchment area, which will be delineated in **EXHIBIT XXX - CHILDREN'S ADMINISTRATION CATCHMENT AREA MAP** in the Final RFP. While CA expects to award one NA contract per catchment area, CA reserves the right to award more than one contract per catchment area. In that event, clearly defined geographic boundaries for each NA in the catchment area will be determined by CA. There will be at least one catchment area in each region and a maximum of four in a region; resulting in a minimum of three catchment areas and a maximum of 12 catchment areas in the state.

CA has determined the following principles for catchment areas:

- Geographic boundaries will be independent of other NAs and not overlap.
- Any one CA office will have only one NA serve their office area.
- Catchment areas will be limited to be a region or smaller area.
- Catchment areas will consider the logical linkage of less populated communities to more populated communities, and natural boundaries resulting from the geography of the state.

- Catchment areas should include a large enough projected service base to be fiscally viable for the NA and small enough to be responsive to local community needs, including rural areas.

CA invites comments about the minimum number of families that need to be served to remain fiscally viable from entities that are considering submitting a proposal in response to the Final RFP.

Responders that submit a proposal to serve more than one catchment area must explain how they will mitigate the risk of service disruption in all areas. Responders that bid to serve more than one catchment area, and those areas comprise more than one region, must explain how they will manage and work with regional and community differences.

CA reserves the right in awarding contracts to consider the scope of any single entity's reach and the risk to the state and the families and children served by CA.

3.4 SERVICE ARRAY TO MEET THE NEEDS OF THE POPULATION SERVED

The Network Administrator must create a Provider Network sufficient to include the full service array described in Section 4.3 Provider Network and detailed in **EXHIBIT B - PROVIDER NETWORK – SERVICE ARRAY**. It is expected that the NA will, over time, enhance current offerings, expand informal supports, and adapt and tailor services to meet individualized needs based on outcomes achieved and needs identified. All services are expected to involve the family. The category titles generally refer to the primary focus of the intervention. The following core services must be available to meet the needs of families and children.

FOCUS →	CRISIS SERVICES SHORT-TERM, IN THE MOMENT	FAMILY EDUCATION & SUPPORT LONG TERM BEHAVIORAL & COGNITIVE CHANGE	ASSESSMENT FAMILIES WITH COMPLEX NEEDS
SERVICE CATEGORY →	CRISIS INTERVENTION BASIC HOME SAFETY	PARENTING SKILLS FAMILY FUNCTIONING CORE LIFE SKILLS PARENT SUPPORT SERVICES SUPPORTED VISITATION	EVALUATION & ASSESSMENT
⇐ ⇐ ⇐ CONCRETE RESOURCES ⇒ ⇒ ⇒			

The statute provides that "...the department shall enter into performance-based contracts for the provision of family support and related services. The department may enter into performance-based contracts for additional services, other than case management." *RCW 74.13B.020(1)*

In order to provide clarity to those who are familiar with the Children's Administration's current programmatic-based contracting system, a list of the current contracted services whose funding is included in the Provider Network in this procurement is provided below:

- Assessment, Evaluations, and Consultation completed by Psychologists, Psychiatrists, and Master's level professionals
- Community Navigation
- Comprehensive Assessment Program (CAP)
- Crisis Family Intervention (CFI)
- Dependency Courses such as 101, 201, 301

- Early Family Support Services (EFSS)
- Early Intervention Program (EIP)
- Family Preservation Services (FPS)
- Foster Care Assessment Program Assessments (FCAP)
- Functional Family Therapy (FFT)
- HomeBuilders IFPS
- Incredible Years Parent Training
- Nurse Family Partnership
- Parent Child Interaction Therapy (PCIT)
- Parent Education Classes
- SafeCare
- Superior Court Parent to Parent
- Triple P (Positive Parenting Program)
- Visitation

In accordance with this statute, the department reserves the right to incorporate any contracted service dollars, including but not limited to those services CA currently contracts for or may contract for, under the selected Network Administrator(s) in the future under the terms of this procurement. It is anticipated that additional service categories will be developed in the event additional services are added to the Provider Network.

3.5 SERVICE REFERRAL PROCESS

When any CA caseworker or, where applicable, the CA caseworker in support of a Tribe, determines that services are needed beyond what CA caseworkers provide, they will select the service provider, and make a service referral to the NA. The service referral will indicate the service and the service provider the caseworker has chosen, as well as the goal for the service intervention.

The NA must follow the service referral process as described in Section 4.3 and detailed in **EXHIBIT B - PROVIDER NETWORK – SERVICE ARRAY**.

3.6 FUNDING

Overall funding for Family Support and Related Services is estimated at \$30 million statewide, based upon the State Fiscal Year 2012 appropriation for services to be purchased through this contract. It is important to note that any contract awarded as a result of this procurement is contingent upon the availability of funding. Final fiscal consideration will be established in the 2013 Washington Legislative session and updated information will be provided accordingly.

Network Administrators are expected to provide all services in all geographic areas within the current funding level. NAs will also be expected to increase service capacity over time as CA implements Family Assessment Response or other initiatives that require increased service availability or initiatives for which additional funding is made available. CA will work with NAs to increase service capacity as funding allows and will expect the NA to target unmet needs.

CA is not liable for any costs incurred by a potential NA in the preparation of a proposal submitted in response to the RFP, in the conduct of a presentation, or any other activities related to responding to this RFP.

Network administrators will be required to provide a defined array of services with funding received through the payment system established by CA. Detailed financial information can be found in Section 3.8 Approach to Performance Reporting and Payment and Section 4.6 Performance Based Fiscal Model.

3.7 PERFORMANCE EXPECTATIONS & OUTCOMES

CA will hold the NA accountable for performance using measures that are directly related to the requirements outlined in Section 4, Scope of Work, based on federal and state requirements, and in support of CA's expectations for improvement and provider effectiveness.

This section includes a description of proposed Service Effectiveness measures related to family and child outcomes and Service Responsiveness based on performance indicators for which the NA will be held accountable. CA staff will monitor performance and outcomes in coordination with the NA.

3.7.1 APPROACH TO PERFORMANCE EXPECTATIONS & OUTCOMES

The performance indicators and outcome measures selected have targets based on current performance and/or, where applicable, national standards. The benchmarks specify the required level of achievement for each family and child outcome or performance indicator.

On an annual basis, CA may compute new baselines for some measures and new targets may be negotiated with the NAs. CA and the NAs may also negotiate deletions of, or revisions to the indicators, targets, definitions, data sources (with the exception of data sources that specify FamLink as the data source), or methodologies for family and child outcomes or service responsiveness during the contract period. If at any time during the term of the contract, changes in outcome requirements or performance indicators are necessary due to changes in federal or state laws, rules, or regulations, the performance of the NAs will be measured according to the new requirements.

Family and child outcomes and performance indicator data may be used by CA to make decisions about contract status; to adjust the nature and intensity of CA's contract monitoring and quality assurance activities; and to keep stakeholders informed about the success of the performance based contracting effort.

Children's Administration will manage outcome and system performance indicator reporting. CA will track performance indicators on a quarterly basis for each year of the contract period. For each completed fiscal year, a final analysis of aggregate outcome data will occur when all outcome and performance-related data for that fiscal year become available from FamLink. The final annual analysis of outcomes and performance measure data, as described below, will be used by CA to determine performance targets any need for contract changes.

3.7.2 PERFORMANCE INDICATORS AND OUTCOMES

After the implementation of the NA contracts, as indicated in Section 3.8, CA will collect service utilization data for all services provided by the NA in Year 1. In Year 2, CA quality assurance staff will track and report performance of NAs in achieving specified performance indicators and family and child outcomes. In Year 3, performance will be linked to payment and in Year 4 of the contract, additional outcomes and performance indicators may be added.

The following section details the Service Responsiveness performance indicators that will be tracked, the Service Effectiveness family and child outcomes that will be tracked, and the requirements for customer satisfaction.

SERVICE RESPONSIVENESS will be measured by the following performance indicators:

SERVICE RESPONSIVENESS Performance Indicator		Measured By
SR-1	Family is successfully engaged in the services identified in their case plan.	80 percent of service providers complete an intervention plan with the family to determine the course of services.
SR-2	Crisis Services are in place within three hours of a referral from the CA caseworker in order to keep children safe in their own homes.	90 percent of families and children referred for services begin Crisis Services within three hours of referral.
SR-3	Family Education and Support Services will be initiated within 24 hours of the referral.	90 percent of the families and children referred for Family Education and Support Services will receive initial contact from the provider within 24 hours of the referral.
SR-5	Families and children will express satisfaction with the quality of services they receive.	75 percent of a statistically valid sample of families and children 12 and older receiving services, reporting through surveys, rate the services they received as “good”, “very good”, or “excellent”. 75 percent of a statistically valid sample of families and children 12 and older receiving services, reporting through surveys, indicate that the services they received were culturally responsive and delivered in a respectful manner.

SERVICE EFFECTIVENESS will be measured by the following outcomes for families and children provided services by the NA.

SERVICE EFFECTIVENESS Outcomes & Performance Measures		Measured By²
O-1	Family receiving services demonstrates progress in resolving the identified problem behaviors and interactions.	70 percent of families show improvement in identified issues determined through a standardized pre-test and post-test.
O-2	Children remain safely in their homes without being abused or neglected.	90 percent of families have their children remain safely in their homes without a substantiated maltreatment report while open for services. 70 percent of families have their children remain safely at home without being placed in out-of-home care while open for services. 90 percent of families do not have a substantiated maltreatment report within six

² The targets for each measure reflect assumptions based on current contracted services. Targets for these performance measures will be updated before the performance measure is linked to payment.

SERVICE EFFECTIVENESS Outcomes & Performance Measures		Measured By ²
		(6) months of service case closure.
		90 percent of families do not have their children re-enter out-of-home care within six (6) months following return home from out-of-home placement.
O-4	Children spend less time in out-of-home care.	5 percent reduction in the total number of days children are placed in out-of-home care until reunification.

CUSTOMER SATISFACTION

On an ongoing basis, beginning by the end of the first year of operations, the NA will assess family satisfaction with services (see Table 1 below). NAs must maintain high levels of satisfaction from survey respondents, beginning at 75 percent satisfaction as indicated under Service Responsiveness measures. CA will work with contracted NAs to develop one consistent statewide approach that does not have a conflict of interest with any NA.

Table 1, Schedule for Satisfaction Surveys, details the types of surveys that the NA must conduct, beginning with an assessment of family and child satisfaction at the end of the first year of operations and gradually adding other stakeholders.

Through the CA quality improvement process and the NA's Quality Management system, both CA and the NAs will continually review data on satisfaction, identify and remove barriers to success, and replicate successful strategies in order to continually improve performance.

Table 1: Schedule for Satisfaction Surveys

Stakeholder/Tribes	To Begin Within X Months of Transition
Children and Families	12 Months
Children's Administration	15 Months
Tribes	15 Months
Community Partners (including courts, legal counsel, CASAs)	24 Months

3.8 APPROACH TO PERFORMANCE REPORTING AND PAYMENT

Children's Administration consulted with national experts to develop this approach to performance based contracts, which includes performance reporting and payments to meet the requirements and intent of the legislation. They advised CA to implement a performance approach to payment over time to maximize the potential for success. CA will use an incremental approach to performance based payments that reflects additional requirements in each successive year, as we gain more precise performance data. CA has developed a payment model with two components:

1. Milestone Payments (e.g. pay points or phased payment) where performance of individual service providers in delivering services to each family is tied to the payment.
2. Overall Performance Payments (e.g. aggregate performance) where the collective performance of the NA's Provider Network is tied to payment.

The milestone payment structure will evolve from milestone payments based on specific points in time in the service progression, to payments based on key service achievements in the service progression. Ninety percent of the funding will be directly connected to service delivery through the Milestone Payment structure. The approach to Milestone Payments is reflected in the following plan:

Year	Service Utilization Data	Performance Measures & Requirements	Milestone Payment
1	<ul style="list-style-type: none"> Collect service utilization data on all services provided in FamLink. 	<ul style="list-style-type: none"> Develop performance measure reports on Service Responsiveness as data is sufficient. Make provider selection information available to caseworkers that includes individual provider geographic proximity to families. 	<ul style="list-style-type: none"> Reimburse through Milestone Payments structured around the basic points in time of service: <ul style="list-style-type: none"> Referral assigned to service provider Intervention plan developed Services delivered Service closure – planned or unplanned
2	<ul style="list-style-type: none"> Collect service utilization data on all services provided in FamLink. 	<ul style="list-style-type: none"> Continue Year 1 requirements Publish reports on Service Responsiveness to NA and public. Make provider selection information available to caseworkers that includes individual provider performance on Service Responsiveness. Develop performance measure reports on Service Effectiveness as data is sufficient. Link Service Responsiveness with payment. 	<ul style="list-style-type: none"> Continue Year 1 requirements. Adjust Milestone Payments to incorporate performance-based payment point tied to Service Responsiveness.
3	<ul style="list-style-type: none"> Collect service utilization data on all services provided in FamLink. 	<ul style="list-style-type: none"> Continue Year 1 and 2 requirements. Publish reports on Service Effectiveness to NA and public. Make provider selection information available to 	<ul style="list-style-type: none"> Continue Year 1 and 2 requirements. Adjust Milestone Payments to incorporate performance-based payment point tied to Service Effectiveness.

Year	Service Utilization Data	Performance Measures & Requirements	Milestone Payment
		caseworkers that includes individual provider performance on Service Effectiveness. <ul style="list-style-type: none"> ▪ Link Service Effectiveness with payment. 	
4	<ul style="list-style-type: none"> ▪ Collect service utilization data on all services provided in FamLink. 	<ul style="list-style-type: none"> ▪ Continue Year 1, 2, and 3 requirements. ▪ Evaluate and adjust performance measures and payment phase as needed. 	<ul style="list-style-type: none"> ▪ Continue Year 1, 2, and 3 requirements. ▪ Adjust Milestone Payments to increase the use of payments connected to Service Responsiveness and Service Effectiveness.
5	<ul style="list-style-type: none"> ▪ Collect service utilization data on all services provided in FamLink. 	<ul style="list-style-type: none"> ▪ Continue Year 1, 2, 3, and 4 requirements. ▪ Evaluate and adjust performance measures and payment phase as needed. 	<ul style="list-style-type: none"> ▪ Continue Year 1, 2, 3, and 4 requirements. ▪ Milestone Payments are structured around performance connected to Service Responsiveness and Service Effectiveness.

The Overall Performance Payment will be comprised of ten percent of the service funding available to the NA. It is CA's intent to have the Overall Performance Payment tied to the collective performance of the Provider Network in delivering high quality services that achieve family outcomes and other contract requirements. CA will determine the performance measure(s) to be used in tying Overall Payment to performance and will be based on verifiable data.

CA's plan is to use an incremental change approach during the first five years to achieve performance based payments tied to Overall Performance. For the first nine months, while the data necessary to develop such measures is being collected, the Overall Performance Payment will be provided to the NA through equal monthly payments if the Provider Network is available to provide services. Beginning in Month 10, the Overall Performance Payment will be dependent on whether 90 percent of the data input in Month 6 was completed timely. The Month 11 payment will be dependent on the timeliness of data input in Month 7, and continue with this approach for each month thereafter. Beginning in Year 2, CA will identify key Service Responsiveness, Service Effectiveness, or other contract requirements that are most appropriate to be incorporated into the Overall Performance Payment. As those measures are identified, validated, and baselines established, CA will convert an increasing amount of the Overall Performance Payment to be tied to meeting targets for those measures. This funding is to be used by the NA to improve the quality and effectiveness of the Provider Network.

4 SCOPE OF WORK

Network administrators must have organizational capacity and experience to demonstrate the ability to build, implement, manage, and fiscally manage a Provider Network that can deliver the array of services that meet the service needs of families and children referred by CA, as defined in Exhibit B – Provider Network Service Array.

This section details the specific requirements for NAs:

Section 4.1 Organizational History, Experience, & Capacity Requirements

- 4.1.1 History, Mission and Values of Network Administrator
- 4.1.2 Management and Governance Structure
- 4.1.3 Child Welfare Experience and Expertise
- 4.1.4 Experience Working With Public Agencies
- 4.1.5 Knowledge of and Ties to the Community
- 4.1.6 Continuous Quality Improvement Commitment and Experience
- 4.1.7 Litigation and Regulatory Action History

Section 4.2 Approach to Service Delivery Requirements

- 4.2.1 Partnership
- 4.2.2 Community Involvement
- 4.2.3 Roles and Responsibilities of CA and NA
- 4.2.4 Provide Services Requested by CA
- 4.2.5 Cultural Competency
- 4.2.6 Racial and Ethnic Disproportionality
- 4.2.7 Staffing and Continuity of Service Delivery
- 4.2.8 Documentation and Client-Specific Reporting
- 4.2.9 Dispute Resolution

Section 4.3 Provider Network Requirements

- 4.3.1 Developing and Implementing the Provider Network
- 4.3.2 Subcontracting in the Provider Network
- 4.3.3 Service Delivery in the Provider Network
- 4.3.4 Evidence-Based Practices
- 4.3.5 Managing Service Referrals
- 4.3.6 Required Services
 - 4.3.6.1 Crisis Intervention
 - 4.3.6.2 Basic Home Safety

- 4.3.6.3 Parenting Skills
- 4.3.6.4 Family Functioning
- 4.3.6.5 Core Life Skills
- 4.3.6.6 Parent Support Services
- 4.3.6.7 Supported Visitation
- 4.3.6.8 Concrete Resources
- 4.3.6.9 Evaluation and Assessment
- 4.3.7 Legal Requirements

Section 4.4 Tribal Engagement & Collaboration Requirements

Section 4.5 Administrative Requirements

- 4.5.1 Provider Network Management
- 4.5.2 Workforce Development
- 4.5.3 Quality Management
- 4.5.4 Information Management

Section 4.6 Performance Based Fiscal Model Requirements

- 4.6.1 Financial & Risk Management
- 4.6.2 Maintain Insurance
- 4.6.3 Approach to Reimbursement
- 4.6.4 Outcomes and Reinvestment Provisions
- 4.6.5 Financial Reporting Requirements

Section 4.7 Start-Up & Transition Requirements

- 4.7.1 Start-Up Phase
- 4.7.2 Readiness Review
- 4.7.3 Transition Phase

4.1 ORGANIZATIONAL HISTORY, EXPERIENCE, & CAPACITY REQUIREMENTS

CA is interested in partnering with agencies that can demonstrate their executive leadership team and governance board possess the skills, expertise and experience needed to assume all responsibilities of the NA. This includes:

- Broad-based experience delivering services to families and children being served by a public child welfare system.
- Employing staff with knowledge of and expertise in the key elements of practice adopted by CA.
- Clear understanding of the core competencies and infrastructure required to operate successfully under a performance based contract.
- Capacity to assume all administrative and monitoring functions detailed in the Scope of Work.
- Commitment to develop community collaborations and contracts that will support the service array.
- History of being a learning organization with demonstrated improvement based on learning.
- Capacity to achieve expected results and manage financial risks.

4.1.1 HISTORY, MISSION AND VALUES OF NETWORK ADMINISTRATOR

CA expects the NA to:

- 4.1.1.1 Have a history of a mission and values that is consistent with CA's core values.
- 4.1.1.2 Demonstrate how becoming an NA reflects their agency's current mission and values and how the NA is able to meet the objectives outlined in their mission.
- 4.1.1.3 Have an approach to build a Provider Network that aligns with Section 2.4 Key Elements of Practice.

4.1.2 MANAGEMENT AND GOVERNANCE STRUCTURE

CA expects the NA to have strong management and governance structures, evidenced by:

- 4.1.2.1 The ability to flexibly adapt to changing conditions, identify and remove barriers that stand in the way of success, and manage resources to stay within budgets, ensure quality services, and meet contract expectations.
- 4.1.2.2 An active governing board that has roots in the community and a clear role in supporting and overseeing the NA contract.
- 4.1.2.3 A governing board whose members do not have a conflict of interest in overseeing the Provider Network.
- 4.1.2.4 Key senior staff that possess and demonstrate expertise and capacity to meet all scope of work requirements in Section 4.

4.1.3 CHILD WELFARE KNOWLEDGE, EXPERIENCE, AND EXPERTISE

CA expects the NA to have broad-based child welfare knowledge, experience, and expertise, evidenced by:

- 4.1.3.1 Experience with a large number of diverse family and child clients, working with multiple systems, both formal and informal, using a family systems approach and achieving successful outcomes with families and children as described in the RFP and attachments.
- 4.1.3.2 Extensive experience in providing or contracting for a continuum of services for children and their families, including but not limited to
 - Controlling for safety threats to children in their homes.
 - Working with families to increase parental protective capacity to safely care for their own children.
 - Providing child-centered, family-focused, individualized services.
- 4.1.3.3 Prior experience providing culturally responsive services to a large, fluctuating caseload of families who:
 - Are from diverse, ethnic, racial, religious, and economic backgrounds.
 - Reflect different ages, marital statuses, sexes, sexual orientation, and abilities.
 - Live in urban, tribal, and rural settings.
- 4.1.3.4 Demonstrated capacity to design and implement innovative and evidence-based programs and proven practices to serve child welfare populations, including but not limited to services for:
 - Families with at-risk children.
 - Intensive, in-home interventions with families in order to assure child safety.
 - Services and supports to help families and children sustain permanency.

4.1.4 EXPERIENCE WORKING WITH PUBLIC AGENCIES

CA expects the NA to have extensive experience operating under public agency contracts or regulations, evidenced by:

- 4.1.4.1 Demonstrated success in meeting contract requirements, including staying within contracted budgets.
- 4.1.4.2 Demonstrated success in meeting license requirements, including CA licenses, business licenses, and professional licenses.

4.1.5 KNOWLEDGE OF AND TIES TO THE COMMUNITY

CA expects the NA to have knowledge of the catchment area(s), current ties to the community, a sound approach to community engagement, and strong broad-based support from stakeholders in the proposed catchment area in Washington State, evidenced by:

- 4.1.5.1 An understanding of the needs of families and children in the local communities in the proposed catchment area.
- 4.1.5.2 An understanding of the current service capacity and needs in the catchment area(s) they intend to serve.
- 4.1.5.3 Ties to and support from community partners in the proposed catchment area in Washington State — including but not limited to service providers, Tribes, advocates, community organizations, faith communities, schools, business and civic leaders, and families.

4.1.6 CONTINUOUS QUALITY IMPROVEMENT COMMITMENT AND EXPERIENCE

CA expects the NA to have evidence of a commitment to quality improvement.

- 4.1.6.1 The NA must evidence a commitment to continuous quality improvement (CQI) by demonstrating how their use of CQI has improved the quality of child welfare services.

4.1.7 LITIGATION AND REGULATORY ACTION HISTORY

- 4.1.7.1 The NA shall have no history of current or past litigation in the past ten years that could potentially impact performance under this contract.
- 4.1.7.2 The NA must be in compliance with requirements of all government agencies.
- 4.1.7.3 The NA must have no history of repeated compliance issues with health and safety concerns.

4.2 APPROACH TO SERVICE DELIVERY REQUIREMENTS

Network administrators will ensure their approach to service delivery reflects CA values, includes key elements of practice, and incorporates evidence-based, research-based, and promising practices in service delivery. Service delivery must be family-guided and include the provision of culturally responsive service options to meet the unique needs of each family and child. All requirements specified for the NA in the RFP also apply to all service providers in the Provider Network (e.g. subcontractors and their employees and NA employees.).

In collaboration with CA, the NA will partner with families, service providers, Tribes, courts, schools, and other systems with which the family is involved to develop a culturally responsive, Provider Network. CA's vision for service delivery is that it will be:

- Integrated and tailored to meet the needs of individual families and children.
- Grounded in family, neighborhood, and community.
- Culturally competent.
- High quality.
- Results-driven.

4.2.1 PARTNERSHIP

- 4.2.1.1 NAs will partner with CA to develop and maintain effective working relationships between their staff and CA caseworkers to achieve the best outcomes for families and children.
- 4.2.1.2 CA and NAs will work closely together with communities to develop and expand limited or currently unavailable resources, systems and services.

4.2.2 COMMUNITY INVOLVEMENT

CA expects the NA to have the capacity to participate in cross system community group(s).

- 4.2.2.1 The NA shall participate in Community Resource Teams at CA's request. Community Resource Teams will be convened in local communities in support of the implementation of Family Assessment Response, as required by RCW 24.44.260(2)(g).

4.2.3 ROLES AND RESPONSIBILITIES OF CA AND NA

CA expects the NA to provide the quality services needed by families and children served by CA. CA retains full case management responsibility and NAs provide services requested by CA. The legislative mandate describing CA and NA responsibilities is provided below. It is followed by a table outlining clearly defined responsibilities of CA, the NA, and service providers in the Provider Network. CA has final decision-making authority and remains responsible for the safety, permanency, and well-being of every child under CA authority, and must act consistently to promote these outcomes.

- 4.2.3.1 CA Responsibilities: The case management responsibilities of CA are defined in RCW 74.13B.010(1) as “convening family meetings, developing, revising, and monitoring implementation of any case plan or individual service and safety plan, coordinating and monitoring services needed by the child and family, caseworker-child visits, family visits, and the assumption of court-related duties, excluding legal representation, including preparing court reports, attending judicial hearings and permanency hearings, and ensuring that the child is progressing toward permanency within state and federal mandates, including the Indian child welfare act.” In addition, RCW 74.13B.030(1) specifies that “the service providers must be chosen by the department caseworker from among those in the Network Administrator's Provider Network. The criteria for provider selection must include the geographic proximity of the provider to the child or family, and the performance of the provider...”
- 4.2.3.2 NA Responsibilities: The responsibilities of Network Administrators are described in RCW 74.13B.020(4) to “provide the family support and related services within the categories of contracted services that are included in a child or family's case plan or individual service and safety plan within funds available under contract.” The NA is further responsible to “directly or through subcontracts with service providers to assist caseworkers in meeting their responsibility for implementation of case plans and individual service and safety plans.”

Table 2, *Roles and Responsibilities* defines the roles and responsibilities of CA, the NA, and its Provider Network service providers to serve families and children. Network Administrators are responsible for the performance of service providers who contract with or are employed by the NA and participate in the NA's Provider Network. During the Start-Up phase, CA will work with NAs to more fully develop the procedures related to roles and responsibilities in each area.

TABLE 2. ROLES AND RESPONSIBILITIES

Area of Responsibility	Role of Children's Administration	Role of Network Administrator	Role of the Service Provider in the Network
CHILD HEALTH AND EDUCATION (CHET)	<p>Screen all children within 30 days of initial placement to identify physical health, developmental, education, emotional/behavioral needs and social connections.</p> <p>Monitor well-being needs and develop a case plan to address well-being needs.</p>	Have high quality service providers available and require them to carry out their role.	Provide CA with any information obtained regarding a child's well being needs.
CHILD SAFETY	<p>Create and maintain the Safety Plan in partnership with the family, service provider, child's Tribe, and any other pertinent community members.</p> <p>Determine suitability of Safety Plan participants.</p> <p>Evaluate and update the Safety Plan as needed per policy, to ensure services, tasks, and activities continue to be sufficient to control and manage child safety threats.</p> <p>Notify service providers if Safety Plan changes.</p>	Have high quality service providers available and require them to carry out their role.	<p>Provide the services requested to ensure child safety.</p> <p>Monitor Safety Plan compliance during the provision of services.</p> <p>Immediately report to CA when safety threats are identified. Take protective action to ensure child safety when present danger is identified (e.g. remain with child, contact law enforcement and CA).</p> <p>Provide immediate verbal notification followed by written documentation to CA and to the NA whenever there is a violation of the Safety Plan.</p>
CLIENT SPECIFIC INFORMATION SHARING	Provide copies of family assessments, Safety Plans, case plans, and other information as necessary to provide services.	<p>Respond timely to CA requests for information.</p> <p>Submit all documents the NA and their service providers have regarding a family, at CA's request.</p> <p>Have high quality service providers available and require them to carry out their role.</p>	<p>Provide timely quality written reports documenting services provided to the family and their progress in services, according to the timeframes required.</p> <p>Prepare documents for CA to submit to Court, upon request by CA or CA's attorney.</p> <p>Prepare and submit reports electronically.</p> <p>Submit all documents the service providers have regarding a family,</p>

Area of Responsibility	Role of Children's Administration	Role of Network Administrator	Role of the Service Provider in the Network
			at CA's request.
COMMUNITY SERVICES & OTHER SYSTEM SUPPORTS	<p>Refer directly to Medicaid funded resources (e.g. mental health, substance abuse, home visiting, etc).</p> <p>Refer directly to community resources.</p> <p>Continue to identify and strengthen connections between families and their natural supports.</p>	<p>Develop and maintain Provider Network and business model that includes an approach that supports connecting families to natural supports and community resources.</p> <p>Support CA's use of natural supports and community resources.</p> <p>Have high quality service providers available and require them to carry out their role.</p>	<p>Support families in establishing and strengthening community connections and natural supports.</p> <p>Support CA's use of natural supports and community resources.</p>
CONTACT WITH CHILD, FAMILY AND OUT-OF-HOME CAREGIVERS	<p>Conduct required face-to-face visits with children placed in out-of-home care.</p> <p>Conduct required face-to-face visits with children after reunification and while dependency is still open.</p> <p>Conduct required face-to-face contact with parents and caregivers.</p>	<p>Have high quality service providers available and require them to carry out their role.</p>	<p>Maintain contact with families as necessary to provide services and meet EBP fidelity.</p>
COURT HEARINGS	<p>Attend court hearings pertaining to the case.</p>	<p>Immediately notify CA of the receipt of legal process to the NA or Service Provider, including but not limited to summons, subpoena, or discovery notices related to performance under the contract.</p> <p>Have high quality service providers available and require them to carry out their role.</p>	<p>Attend court hearings and testify based on services provided, as requested by CA and/or CA's legal counsel.</p> <p>Prepare documents for CA to submit to Court, upon request by CA.</p> <p>Immediately notify CA and NA of the receipt of legal process including but not limited to summons, subpoena, or discovery notices related to performance under the contract.</p>
EVALUATION & ASSESSMENT	<p>Make service referrals to the NA for Evaluation & Assessment services that are not available through other resources, e.g. private insurance, Regional Support Network, Medicaid, or community resources.</p>	<p>Have Evaluation & Assessment services available within the service array.</p>	<p>Provide the Evaluation & Assessment service identified by the CA caseworker and submit written report of results.</p>
FAMILIES AND	CA office where the case is	NA will provide services within	Provide services as

Area of Responsibility	Role of Children's Administration	Role of Network Administrator	Role of the Service Provider in the Network
CHILDREN RESIDING IN DIFFERENT CATCHMENT AREAS	<p>currently open retains responsibility for case management.</p> <p>CA office where other family members reside will assign a courtesy supervision worker.</p> <p>Request services from the NA where the service is most appropriately delivered.</p>	<p>the catchment area they are responsible for by contract.</p> <p>NA will consider option to provide services to family member outside the catchment area when requested by CA.</p>	requested by NA.
FAMILY MEETINGS	<p>Organize, schedule, and determine participants in collaboration with the family for meetings about the family, including:</p> <ul style="list-style-type: none"> • FTDM • Shared Planning • CPT Staffing 	Have high quality service providers available and require them to carry out their role.	Participate in family meetings when requested by CA caseworker or family, prepared to discuss services provided, progress, and barriers.
FAMILY SEARCH AND ENGAGEMENT	Ongoing search process for appropriate and available paternal and maternal relatives.	Have high quality service providers available and require them to carry out their role.	Inform the CA caseworker about relatives and informal supports for the family and child identified during the service delivery process.
FATALITY/NEAR-FATALITY REVIEWS	Conduct fatality/near-fatality reviews of child deaths when the fatality is suspected to be caused by child abuse or neglect when the child is in the care of the department within one year of the child's death, in accordance with RCW 74.13.640.	Have high quality service providers available and require them to carry out their role.	Provide information and testimony at fatality/near-fatality reviews at CA's request.
IMPLEMENTATION AND MONITORING OF THE CASE PLAN	<p>Complete the family assessment and work with the family to develop the case plan.</p> <p>Develop court report regarding the family.</p> <p>Inform the NA service provider of case plan goals in order to assure the most appropriate service delivery.</p> <p>Monitor case plans to ensure effectiveness in</p>	Require employees and subcontractors in the Provider Network to provide the specific services requested by CA.	Provide services to the families requested by CA to meet the goals identified in the case plan.

Area of Responsibility	Role of Children's Administration	Role of Network Administrator	Role of the Service Provider in the Network
	<p>meeting goals.</p> <p>Complete assessments of progress, and adjust the case plan.</p> <p>Per CA policy, identify services and select the service provider through the NA following appropriate CA approvals.</p>		
INTERSTATE COMPACT FOR THE PLACEMENT OF CHILDREN (ICPC)	<p>Provide case management and coordinate services for children who are placed outside the state of Washington.</p> <p>Responsible for case supervision, conducting home studies, and recommending services to the sending state (paid by the sending state) for children from other states placed in Washington.</p> <p>If the NA chooses not to provide the services for the sending state, CA will provide assistance to the sending state to negotiate services with a service provider.</p>	<p>NA is not responsible to provide services to children placed out-of-state by CA.</p> <p>Under this contract, NA is not responsible to provide services to a dependent child from another state who is placed in Washington.</p> <p>CA may refer a sending state to the NA and the NA has the option to decide whether to provide services for a child sent to Washington through ICPC.</p>	Provide services as requested by NA.
LOCATION OF SERVICES	<p>Determine if services can safely occur in the family's home.</p> <p>If services should be provided elsewhere, the caseworker may identify alternate location.</p>	<p>Have qualified providers available within geographic proximity of referred families.</p> <p>Have high quality service providers available and require them to carry out their role.</p>	Provide services in the location identified by the CA caseworker; in the family home whenever possible.
PLACE A CHILD IN OUT-OF-HOME CARE	<p>Retain decision-making authority related to the placement of a child in out-of-home care.</p> <p>Develop the case plan for the family and child, in partnership with the family.</p>	Have high quality service providers available and require them to carry out their role.	Share information with CA regarding potential placements and resources throughout the life of the case.
PROVIDE IN-HOME SERVICES TO CONTROL AND MANAGE SAFETY THREATS TO	Determine when in-home services are needed to keep children safe and when placement is indicated.	Have high quality service providers available and require them to carry out their role.	Provide services requested by CA to control and manage safety threats, as identified in the Safety

Area of Responsibility	Role of Children's Administration	Role of Network Administrator	Role of the Service Provider in the Network
CHILDREN	<p>Determine what services are needed to address child safety threats.</p> <p>Conduct face-to-face visits with children and parents in the parent's home.</p>		Plan.
PROVIDER NETWORK	Identify and communicate needs to the NA.	<p>Administer the Provider Network.</p> <p>Have qualified providers that are available to provide quality services.</p> <p>Responsibility for the performance of services by employees and subcontractors in Provider Network.</p> <p>Identify and communicate gaps and needs in services in catchment area and how they will be addressed.</p>	<p>Report to NA and CA on the progress of services.</p> <p>Timely description of progress, benchmarks for CA to submit to court.</p> <p>Identify and communicate gaps and capacity issues.</p>
QA	<p>Oversight of NA, through contract monitoring, to ensure quality services</p> <p>Report family and child outcomes based on service utilization data input by providers and other department data.</p> <p>Recognize and identify trends.</p> <p>Work with NA to address issues to improve quality.</p> <p>Modify the QA process and standards over time as warranted.</p>	<p>Be accountable for quality of services provided through network.</p> <p>Develop and implement a QA process to review and enforce the delivery of high quality services</p> <p>QA process will:</p> <ul style="list-style-type: none"> Assure that providers in the Provider Network meet qualifications and standards Correct identified quality issues in the Provider Network Assure quality services Track incident reports (e.g. safety threats, failure to follow Safety Plan, allegations of CA/N) from providers Track the effectiveness of providers 	<p>Provide quality services.</p> <p>Participate in the NA QA system.</p> <p>Provide timely information to the NA to support the QA process.</p>
REFERRAL FOR SERVICES	Contact NA to request the qualified selected service provider and the services to be provided.	<p>Notify caseworker that selected service provider is available within specified time frames.</p> <p>Forward referral and authorization for services to service provider.</p> <p>Confirm with service provider</p>	Respond to referral and initiate services in the required timeframe.

Area of Responsibility	Role of Children's Administration	Role of Network Administrator	Role of the Service Provider in the Network
		that they will provide service.	
RESPONSE TO ALLEGATIONS OF CHILD ABUSE OR NEGLECT (CA/N)	Respond to allegations of Child Abuse and Neglect (CA/N) through CA's Child Protective Services (CPS) program by an investigation or family assessment response. May make referrals for services or concrete resources.	Have service providers available in the Provider Network to provide the specific services in the service array requested by CA.	Provide services as requested by NA.
SAFETY ASSESSMENT	Assess safety threats to any child in the home throughout the life of the case by completing: <ul style="list-style-type: none"> ▪ Safety assessments and Safety Plans ▪ Additional assessments as needed ▪ Notify service provider if safety assessment changes 	Have high quality service providers available and require them to carry out their role.	Understand the safety assessment and Safety Plan and how it relates to the services the provider is providing to the family. Continually evaluate and assess child safety, immediately report any safety concerns to CA, and, if requested, work with CA to address safety threats.
SERVICE NEEDS IDENTIFIED	Develop the case plan and work with the family to identify services from the service array, if needed. Follow the CA internal process for approval.	Have service providers available in the Provider Network to provide the specific services in the service array requested by CA.	
SERVICE PROVIDER SELECTION	Select service provider based on geographic proximity and provider effectiveness from a list of available qualified providers on NA's Provider Network list. Request additional provider when qualified provider is not available.	Provide a current list of qualified available providers for caseworker selection. When caseworker requests NA assistance at point of referral, recommend a provider that matches with family needs. Identify additional provider when Caseworker's requested provider is not available. If a reasonably qualified provider is not available through the Network Administrator's Provider Network, at the request of a department caseworker, a provider who is not currently under contract with the Network Administrator	Keep NA informed of availability.

Area of Responsibility	Role of Children's Administration	Role of Network Administrator	Role of the Service Provider in the Network
		may be offered a provisional contract by the Network Administrator.	
TRIBAL CHILDREN AND FAMILIES	<p>Responsible for all Indian Child Welfare Act (ICWA) requirements.</p> <p>Reach out to Tribes in the catchment area to determine the kinds of services desired by Tribes and available through tribal providers.</p>	<p>Identify and ensure availability of culturally appropriate service providers for Indian families and children.</p> <p>Ensure that appropriate ICWA and state Indian policy training is provided to employees and subcontractors, and that employees and subcontractors understand the meaning of "active efforts."</p> <p>Have high quality service providers available and require them to carry out their role.</p>	<p>Provide culturally responsive services within ICWA and state law.</p> <p>Notify CA if new information comes to light that indicates a child may be identified as an Indian child.</p>
VISITATION	<p>Determine where visits can safely occur.</p> <p>Develop visitation plan that includes frequency, duration, service intensity and type, and location of visits.</p> <p>Provide copy of the visitation plan to the family and provider.</p> <p>Continue the current use of visitation supports including CA staff, family, friends, foster parents, volunteers and faith-based and other community organizations.</p> <p>Determine suitability of visitation participants through completion of criminal history background and FamLink checks.</p>	<p>Have high quality providers available during hours convenient to the family.</p> <p>Develop creative approaches to integrate parental skill building services during visits.</p> <p>Incorporate evidence-based approaches to visitation and family time in the Provider Network.</p> <p>Have high quality service providers available and require them to carry out their role.</p> <p>Support CA's use of natural supports and community resources.</p>	<p>Provide services, including transportation when requested, to carry out the visitation plan and to achieve service goals identified by the caseworker.</p> <p>Provide a quality written report to the caseworker within 7 days of each visit.</p> <p>Ensure child safety during visits.</p> <p>Support CA's use of natural supports and community resources.</p>

4.2.4 PROVIDE SERVICES REQUESTED BY CA

4.2.4.1 The NA shall develop a Provider Network available to deliver services that meet family and child needs as defined in the case plan and requested by the CA caseworker. Required services include those in the Service Array and are intended to:

- Address the issues that contributed to the abuse or neglect of the child.
- Allow the child to remain safely at home.

- Support reunification when that is the permanency goal, including in-home services or supports provided for six months during a trial return home to ensure safety and prevent the reoccurrence of maltreatment and re-entry into out-of-home care.
- Support permanent placements.

4.2.5 CULTURAL COMPETENCY

NA must integrate cultural competency in all aspects of service delivery, with service providers that are culturally competent and provide culturally responsive services. NA shall demonstrate:

- 4.2.5.1 Approach to building the Provider Network includes strategies for including culturally, racially and ethnically diverse agencies that reflect the population served.
- 4.2.5.2 Approach to building the Provider Network through subcontracts and agreements with service providers ensures that all service providers are prepared to deliver culturally responsive services.
- 4.2.5.3 Approach to providing services is relevant to the cultural diversity of the families and children in the catchment area. The NA must recognize the ever-changing make-up of the community, requiring updates in cultural awareness over time and promoting respect and understanding of diverse cultures and social groups.
- 4.2.5.4 Services are relevant to the cultural diversity of the families and children in the catchment area and demonstrate an understanding of the cultural heritage and beliefs of the families and children in the catchment area and must demonstrate the capacity to respond to the cultural differences and issues of a diverse community.
- 4.2.5.5 Written and accessible procedures address complaints or concerns on behalf of staff, children, and families about services being provided in a fair, culturally respectful, and effective manner. NA shall monitor and maintain records of complaints about the Provider Network.

CA expects the NA to ensure culturally responsive services from all Provider Network service providers.

- 4.2.5.6 Providers have capacity to engage families and provide effective services to meet the needs of diverse populations that includes diversity in religion, sexual orientation, language, race, ethnicity, and culture. Services identified or provided should recognize the family strengths; physical, mental health, and developmental stages of the family; and be appropriate to the age, gender, cultural heritage, developmental and functional level, and the learning ability of each parent and child.
- 4.2.5.7 Providers meet the primary language needs of the families and children served. Families and children will be served by staff fluent in their language and familiar with their culture. Interpreter services will be used as a backup resource only when staff members with the necessary language skills are not available.
- 4.2.5.8 Providers have demonstrated experience providing services in a culturally responsive manner.
- 4.2.5.9 Providers demonstrate appropriate cultural competency at all levels of the agency and must demonstrate a set of congruent behaviors, attitudes, and policies that come together in the agency to enable individuals to work effectively in cross-cultural situations.

4.2.6 RACIAL DISPROPORTIONALITY

CA expects the NA to contribute to strategies developed by CA to safely reduce racial disproportionality in the child welfare system.

- 4.2.6.1 NA's approach to staff hiring and subcontracting is to hire and support a workforce that is culturally competent and is an ethnically and racially proportional representation of the families and children who will be served in their catchment areas.
- 4.2.6.2 NA will train all employees and subcontractors on the relevance of cultural competence in the work environment and provide tools to aide them in integrating cultural competence in all aspects of their work.
- 4.2.6.3 NAs will consult with community/constituency partners and advisory groups to help inform them in the selection of culturally responsive service practices, processes, procedures, interventions, and to identify ongoing training and professional development needs.

4.2.7 STAFFING AND CONTINUITY OF SERVICE DELIVERY

Disruptions in the family and child's relationship with providers in the Provider Network may jeopardize the delivery of services. CA expects the NA to ensure and maintain manageable provider caseloads, supervisory support, and continuity of staff relationships with families, children, and partners.

- 4.2.7.1 NA must have an approach to recruiting, training, and retaining a sufficient number of qualified providers to meet the service delivery requirements.
- 4.2.7.2 NA's service delivery model will ensure continuity in service delivery from the time the case is referred until the family and child no longer need services.

4.2.8 DOCUMENTATION AND CLIENT-SPECIFIC REPORTING

CA expects the NA to ensure accurate and timely case-specific reports and documentation of service delivery activities.

- 4.2.8.1 Service providers shall provide timely documentation in FamLink of frequency, duration, and intensity of services provided, families and children' progress, including progress notes, barriers, and solutions, and results of the interventions. Each service category has specific documentation requirements.
- 4.2.8.2 RCW 74.13.640 requires CA to conduct fatality reviews in the event of an unexpected death of a minor who is in the care of CA or who is receiving services from CA. Service providers shall participate in fatality reviews at CA's request, including providing requested documentation and in-person information to child fatality review panels regarding the services provided to families and children involved in a fatality.

4.2.9 DISPUTE RESOLUTION

CA expects the NA to resolve differences by adhering to this Dispute Resolution process. The purpose of this Dispute Resolution process is to provide a timely means to resolve disputes relating to case-specific services, ensuring appropriate quality services are provided to families and children.

This Dispute Resolution process does not apply to contract compliance issues. Non case-specific issues shall be addressed and resolved between the NA and CA designated manager.

CA is committed to prompt, objective and fair resolution of all disputes of any nature which may arise between CA and the NA that may affect CA's clients. CA has responsibility to take immediate action to mitigate threats to child safety and CA decisions will prevail in all situations where safety is an issue.

The following principles guide the dispute resolution process and direct CA and NA to:

- Act in good faith.
- Follow a defined process to reach solutions on unresolved issues.
- Resolve disputes as quickly as possible and by staff closest to the issue.
- Resolve with client input as appropriate.
- Seek additional consultation as appropriate (e.g. program expertise, Tribes, and legal counsel).
- Provide services, as directed by CA, to clients during a dispute.

In accordance with RCW 74.13B.030(2), the department has developed a dispute resolution process to be used when the NA disagrees with the CA caseworker's choice of a service provider due to factors such as the service provider's performance history or ability to serve culturally diverse families. This same process will be used to resolve any other case-specific issues.

The following process will be used to resolve disputes between CA and the NA for case-specific issues.

- 1) All parties will initially attempt to resolve conflicts or concerns in an informal manner. This means initiating a problem-solving discussion with the individual(s) with whom the conflict or concern has arisen. Efforts should be focused on reaching a resolution at this level.
- 2) The CA Caseworker, CA Social Work Supervisor, and NA staff will take immediate action to resolve the issue.

- 3) If not resolved, the local office area administrator and NA management representative will identify this as a dispute and will clarify the disputed issues that require a resolution.
- 4) The area administrator will submit to the identified CA representative for a final decision within one business day of the initial issue being identified.
- 5) The identified CA representative will be a neutral employee of the department who has not been previously involved in the case, and will make a final decision within one business day of receipt of the dispute.
- 6) The dispute resolution process will not result in a delay of more than two business days in the receipt of needed services by the family or child.

4.3 PROVIDER NETWORK REQUIREMENTS

Network administrators must develop, build, implement, and fiscally manage a Provider Network that delivers a seamless array of services. The NA may provide services directly by employees and through subcontracts with service providers and provider agencies. The Provider Network must have the service capacity to meet the safety and service needs of families and children and must provide continuity of services as required in the Service Array. All requirements specified for the NA in the RFP also apply to all service providers in the Provider Network (e.g. subcontractors and their employees and NA employees.).

4.3.1 DEVELOPING AND IMPLEMENTING THE PROVIDER NETWORK

CA expects the NA to engage child welfare partners in planning, creating and implementing the Provider Network. Specifically, the NA must:

- 4.3.1.1 Actively engage in a planning process that results in a high quality Provider Network that is able to provide needed services in the catchment area. The planning process should include assessing the catchment area capacity, planning for expansion of services to meet family and child needs, and planning for development of the Provider Network.
- 4.3.1.2 Develop a Provider Network with a distribution of services across the catchment area that meets the needs of families and children in the communities where they live.
- 4.3.1.3 Directly provide or subcontract for all services in the Service Array and make those services available throughout the catchment area.
- 4.3.1.4 Encourage qualified providers currently under contract with CA working within existing communities to enter into subcontracts with the NA. A list of contractors can be found at <http://www.dshs.wa.gov/ca/partners/tcwsContractors.asp>.
- 4.3.1.5 Ensure contracts or other interagency agreements are in place during the Start-Up phase and thereafter so families and children can access a full array of services without encountering wait lists.
- 4.3.1.6 In support of CA's government-to-government relationship with Tribes, the NA shall develop services appropriate for tribal children and their families, ensure that tribal providers are included within the Provider Network when appropriate, and engage with CA as requested in meeting with Tribes.
- 4.3.1.7 During the Start-Up phase, successful Responders will be required to update the detailed work plans for the creation of their Provider Network to reflect any contract requirements not accounted for in the proposed plan.

4.3.2 SUBCONTRACTING IN THE PROVIDER NETWORK

CA expects the NA to subcontract with many of the qualified providers who currently contract directly with CA or to describe the alternate model used in developing the Provider Network.

- 4.3.2.1 Responders that intend to subcontract with high-quality, experienced, currently contracted CA providers will include Letters of Intent from these providers. The Letter of Intent will indicate that the provider intends to enter into a subcontract if the Responder is awarded a contract.
- 4.3.2.2 Responders that do not intend to subcontract with currently contracted CA providers will describe the reason for choosing this approach.
- 4.3.2.3 Responders that intend to subcontract with some, but not all, currently contracted CA providers will describe the reason for doing so.
- 4.3.2.4 Responders must indicate the percent of services they intend to provide directly through employees and the percent they intend to provide through subcontracts with high-quality experienced service providers, including the number of current direct service employees.
 - 4.3.2.4.1 If the NA intends to increase the provision of direct service delivery through employees by more than ten percent over their current service provision, the NA must describe to CA how they will mitigate the risk involved.
 - 4.3.2.4.2 CA values the responsiveness and stability represented by a diverse Provider Network that includes a network of multiple providers. Therefore, NAs under contract with CA will be required to receive approval for all future expansion of direct service employees by more than ten percent over the life of the contract

above the number of direct service employees on the date the contract is signed.

- 4.3.2.5 A service provider may subcontract with more than one NA, and Responders and NAs may not enter into exclusive arrangements with service providers which prevent, incentivize, or de-incentivize those providers from working with other successful NAs.
- 4.3.2.6 While CA supports the development of subcontractor relationships by the NA, CA will not routinely approve NAs' subcontractors' requests to further subcontract.

4.3.3 SERVICE DELIVERY IN THE PROVIDER NETWORK

The Responder must demonstrate how they have incorporated Section 2.4 Key Elements of Practice in the proposed Provider Network. Services shall support and complement these practices.

- 4.3.3.1 Practice Model – Solution Based Casework: NAs shall ensure service providers assist families to implement behaviorally specific plans of action that address safety concerns at the family and individual level.
- 4.3.3.2 Child Safety Framework – NAs shall ensure service providers maintain a focus on child safety at all points in delivering services; continually evaluating child safety, providing services to control the threats to child safety, and assuring that all service providers in the Provider Network understand and fulfill their role appropriately. Final decision-making for child safety lies with the ongoing CA caseworker, in consultation with the CA supervisor.
- 4.3.3.3 Wraparound Approach to Service Delivery – NAs shall ensure service providers participate in a wraparound approach, as directed by CA caseworker, and provide services to meet family and child needs.
- 4.3.3.4 Family Meetings – NAs shall ensure service providers working directly with families attend family meetings when requested by the CA caseworker and are prepared to share information about service being provided, progress, and barriers.
- 4.3.3.5 Adverse Childhood Experiences – NAs shall ensure service providers understand the context of ACEs in providing services to families and children.
- 4.3.3.6 Domestic Violence Practice Principles and Expectations – NAs shall ensure service providers deliver domestic violence interventions that are consistent with CA's policy framework and practice guidelines.

4.3.4 EVIDENCE-BASED PRACTICES

Evidence-based programs are effective in improving outcomes for families and children. In recent years the Washington State Legislature has made significant investments in authorizing the development of an array of evidence-based programs (EBP) and systems of fidelity monitoring to serve families and children.

Children's Administration is committed to the use of evidence-based practices (EBP), research-based practices, and promising practices that may become tomorrow's evidence-based programs. EBPs, research-based, and promising practices relevant to child welfare populations can be found in the report, *"Inventory of Evidence-Based, Research-Based, and Promising Practices for Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems"*, available at <http://www.wsipp.wa.gov/pub.asp?docid=E2SHB2536>.

The NA must have the capacity to deliver effective services where children and families in one part of the state have access to services of equal effectiveness in other parts of the state. EBPs are an important component of the services provided by the NA. Additional information and requirements are included in EXHIBIT B – PROVIDER NETWORK–SERVICE Array

4.3.5 MANAGING SERVICE REFERRALS

CA expects the NA to have the capacity to receive all CA service referrals and provide services to manage threats to child safety, until the NA receives notice from CA that the family and child no longer needs services. CA expects the NAs to:

4.3.5.1 Receive all new service referrals (no reject) 24 hours per day, 365 days a year and retain responsibility (no eject) to provide services until CA informs the NA that the services are no longer needed. NA must have capacity to:

4.3.5.1.1 Receive and respond to service referral requests within two hours.

4.3.5.1.2 Assign referrals to Provider Network service providers.

4.3.5.1.3 Discharge families and children from the Provider Network when notified by CA that services are no longer needed and submit closing summary documentation.

4.3.5.2 Have the capacity to respond to requests for support for all families and children receiving NA services to ensure child safety 24 hours per day, 365 days a year. Calls for immediate support could come from CA workers, children, families, or providers.

During the Start-Up phase, the NAs will work with CA to refine and finalize policies and protocols for CA referral and the NAs acceptance of referrals, including the minimal information CA must provide to NAs at the time of initial referral.

4.3.6 REQUIRED SERVICES

The following services must be included in the Provider Network and are expected to involve the family and child. The category titles generally refer to the primary focus of the intervention. More detail about these services is included in **EXHIBIT B – PROVIDER NETWORK – SERVICE ARRAY**.

4.3.6.1 Crisis Intervention

4.3.6.2 Basic Home Safety

4.3.6.3 Parenting Skills

4.3.6.4 Family Functioning

4.3.6.5 Core Life Skills

4.3.6.6 Parent Support Services

4.3.6.7 Supported Visitation

4.3.6.8 Concrete Resources

4.3.6.9 Evaluation & Assessment

The purpose of Family Support and Related Services is to increase the behavioral, cognitive, and emotional protective capacity of parents to safely care for their own children. The array distinguishes three primary service foci (Crisis Services, Family Education & Support, and Assessment), that include nine service categories.

The NA shall have the ability and capacity to provide all services in their catchment area. Services must be tailored to meet the unique needs of families and children as defined in their service plans and dependency court orders.

The NA is responsible for:

- Oversight of services delivered by multiple providers within the Provider Network.
- Accurate and timely documentation of all contacts made by each provider.
- Documentation reflecting current status of family and safety issues.
- Immediate notification to CA of suspected safety threats to children.
- Documentation of progress, barriers, and issues addressed regarding services provided.

4.3.7 LEGAL REQUIREMENTS

4.3.7.1 NA shall ensure that all service providers adhere to and cooperate in following all court ordered provisions relating to services which are entered in individual dependency proceedings, applicable state and federal law, and applicable CA policies and directives, as described in Section 2.6.

4.4 TRIBAL ENGAGEMENT & COLLABORATION REQUIREMENTS

The NAs must ensure that Tribes have the opportunity to subcontract with the NA and be part of the Provider Network. All requirements specified for the NA in the RFP also apply to all service providers in the Provider Network (e.g. subcontractors and their employees and NA employees.).

Network administrators will comply with the Federal Indian Child Welfare Act (ICWA), State Indian Child Welfare Act, and state statutes related to Indian children. NAs and service providers will act in accordance with the agreements and statutes identified below.

- Federal and State Indian Child Welfare Acts
- Washington State Centennial Accord
- Washington State Tribal/State Agreement
- Washington State Local Tribal Agreements
- DSHS Administrative Policy 7.01

4.4.1 SERVICES RESPONSIVE TO TRIBAL FAMILIES AND CHILDREN

In support of the government-to-government relationship between the federally recognized Tribes and DSHS, the NA at a minimum, will be required to:

- 4.4.1.1 Develop and provide services that meet the needs of Indian families and children.
- 4.4.1.2 Invite and encourage tribal engagement and collaboration for tribal families and children served by CA.
- 4.4.1.3 Participate in Local Indian Child Welfare Advisory Committee (LICWAC) staffings upon request.
- 4.4.1.4 Understand and comply with any applicable provisions of the federal or state Indian Child Welfare Acts and Washington State law, policies and procedures related to Indian Child Welfare. The NA must ensure that these provisions are integrated into the ongoing quality assurance process and enforced.
- 4.4.1.5 Partner with CA to identify issues impacting services to Indian families and children.
- 4.4.1.6 Work with CA and tribal child welfare staff to deliver services to children being served by the tribal child welfare agency.
- 4.4.1.7 Demonstrate efforts to provide Tribes the opportunity to be part of the Provider Network as a service provider subcontractor if the Tribe desires to do so.

4.5 ADMINISTRATIVE REQUIREMENTS

This section outlines administrative requirements for Provider Network Management, Workforce Development, Quality and Utilization Management, and Information Management Systems requirements. The Milestone Payment includes the cost of administrative services to manage, direct and oversee the Provider Network.

4.5.1 PROVIDER NETWORK MANAGEMENT

NAs develop and oversee NA staff, subcontracts, and other agreements with service providers who support or provide services to CA clients, to ensure the provision of high quality and effective services for families and children. CA expects the NAs to have the organizational structure, staff capacity, and policies and procedures to manage and oversee the Provider Network and support service providers, both employees and subcontractors.

The NA will:

- 4.5.1.1 Develop a *Provider Network Development & Management Plan*, to include:
 - Organizational chart that designates number and qualifications of staff responsible for Provider Network management and oversight.
 - Process to assess current and needed service capacity in the catchment area.
 - Process to build capacity to meet service requirements as defined in Section 4.3, Provider Network.
 - Approach to gather data to guide the appropriate geographical distribution of services across the catchment area and attracting culturally and linguistically diverse providers.
 - Processes to ensure contracts or other agreements are in place so families and children can access a full array of services without encountering wait lists.
 - Standards to select Provider Network service providers.
 - Anticipated subcontracts completed prior to implementation.
 - Plans to expand the service system to include non-traditional community supports (e.g. partnerships with community organizations, grants from organizations, grants to

organizations such as Big Brothers Big Sisters to build community resource capacity for families served by the Provider Network).

- Process to transition service contracts from current CA service providers to the NA providers with as little disruption as possible to families, children, and caregivers.
- Payment mechanisms and service authorization system for subcontracted providers that are clear and address risk issues.
- Performance requirements.
- Procedures for monitoring services that include frequency and types of monitoring activities and monitoring tools.

4.5.1.2 Provide quality assurance and monitoring of subcontracts that includes:

- Periodic review of performance, duration of subcontracts, and performance based payment rates and methods.
- Monitoring compliance with subcontract terms and quality of service requirements, including all licensing and other legal requirements. Monitoring activities will include onsite reviews, ongoing review of performance data, and appropriate actions taken in response to performance deficits or quality concerns.
- Provision of technical assistance and support to improve performance.

4.5.1.3 Develop methods to assign service providers, when requested by CA that are based on a services provider's ability to directly meet the needs of the referred child and family.

4.5.1.4 Have capacity to report to CA:

4.5.1.4.1 Ability of the Provider Network to meet outcomes and system performance indicators monthly.

4.5.1.4.2 Written notice of all provider or subcontract terminations at least 15 days prior to termination, unless immediate termination is warranted. If immediate termination of a subcontract occurs, CA must be notified within 24 hours.

4.5.1.4.3 Any suspected abuse or neglect and ensure full cooperation with the investigation and any subsequent recommendations concerning the Provider Network provider.

4.5.2 WORKFORCE DEVELOPMENT

The NAs must have the capacity to recruit, train, support and retain child welfare professionals and support staff that are qualified for the positions they hold. NAs must have capacity to employ or subcontract with direct service and management staff of sufficient size to provide oversight and services in the catchment area(s) in which the applicant intends to provide services. All requirements specified for the NA in the RFP also apply to all service providers in the Provider Network (e.g. subcontractors and their employees and NA employees.).

The NA must have the organizational structure, capacity, and policies and procedures to manage and support the Provider Network consistent with the CA values in this RFP, to include:

4.5.2.1 Service providers who work directly with families in the provision of services are respectful of family and child differences, culture, and lifestyles and possess the following skills and characteristics:

- Ability to engage families in services.

- Identify and understand those factors which affect child safety and assess and respond to child safety concerns and family needs.
- Attend to and observe individual and familial interactions, dynamics and concerns.
- Discern and communicate meaningfully about a family member's personal and cultural experience.
- Ability to model and teach skills to families.
- Develop and maintain a positive professional working relationship with families.
- Tailor services to the children's, parents' and family's abilities and needs.

4.5.2.2 Subcontracts that are structured to provide quality services and achieve desired results, to include:

- Application process to become a subcontractor.
- Process for ensuring service providers meet minimum qualifications, background clearance, and proper credentials are obtained and maintained.
- Clear and objective criteria and goals for selection of providers for the Provider Network.
- Procedures for adding new services or expanding current services.
- Duration of subcontracts, performance based payment rates, and renewals.
- Criteria for corrective actions and termination of provider contracts in response to safety, performance deficits, or quality concerns.
- Procedures for managing complaints between the NA and subcontractors to include a dispute resolution process.
- Procedures for ensuring subcontractors understand mandatory reporting duties imposed under RCW 26.44.

4.5.2.3 All people involved in service delivery and supervision shall meet or exceed all applicable minimum licensing, certification, registration, and qualification requirements established by statute, Washington Administrative Code, or contract, and maintain licensing, certification, required EBP certifications, and background clearance for the positions they hold.

Background Clearance

- 4.5.2.3.1 The NA shall ensure a criminal history and child abuse/neglect background check has been completed through DSHS for all employees, volunteers, and subcontractors, and that a background check shall be initiated for all prospective employees, volunteers, and subcontractors who may have unsupervised access to children served under this contract.
- 4.5.2.3.2 The NA shall ensure that no employee, volunteer, or subcontractor, including those provisionally hired pursuant to RCW 43.43.832(7), has unsupervised access to children served under this procurement, until a full and satisfactory background check is completed and documentation, qualifying the individual for unsupervised access, is returned to the NA.
- 4.5.2.3.3 Licensing or Statutory Requirements
- 4.5.2.3.4 The NA shall ensure that all employees, volunteers, and subcontractors meet or exceed all minimum licensing, certification or registration requirements or other requirements as required by statute.

- 4.5.2.3.5 When licensing, certification, registration or other statutory requirements differ from contract requirements, the NA shall meet whichever requirement imposes the higher standard.
- 4.5.2.3.6 If the NA or any employees, volunteers, and subcontractors are required to be licensed, certified, or registered to provide any of the services under this procurement, the required license, certification or registration must be in good standing at all times during the term of the contract.
- 4.5.2.3.7 In the event that a required license, certification, or registration is suspended, or has any limitations or restrictions are placed on it, the NA shall immediately notify CA.

Qualification Requirements

- 4.5.2.3.8 Professional Staff at a minimum shall have a Master's degree in Social Work, Psychology, Education, or related field and one year working with families involved in the child welfare system – OR – Bachelor's degree in the same with at least three years work experience with families involved in the child welfare system.
- 4.5.2.3.9 Para-professional staff at a minimum shall be 21 years of age or older, and have an associate's degree in Social Work, Psychology, Education, Early Childhood Education, or related field – OR – two years working with families involved in the child welfare system. CA may approve individual exceptions to this minimum requirement, with an education and supervision plan for the hiring of para-professional staff that do not meet these requirements.
- 4.5.2.3.10 Staff performing Evidence-Based Practices shall be held to the qualifications established by the model.

Identification Requirements

- 4.5.2.3.11 The NA shall ensure employees, subcontractors, and volunteers providing services to DSHS clients under this Contract shall possess and display a NA-issued photo identification card at all times when delivering services under this Contract. The identification card shall include:
 - Current photo of staff, his or her name, and title.
 - NA's name, address, and telephone number.

4.5.2.4 Regular and periodic review of service providers to ensure:

- Service qualifications, competencies, annual performance review.
- Compliance with job duties, subcontract terms, and quality of care requirements.
- Monitoring activities include onsite reviews, ongoing review of performance data, and inclusion of family and team member feedback. Regularly assess internal Provider Network development and support activities.

NAs are responsible to ensure that all Provider Network service providers, supervisors, and support staff are qualified for the work they do and receive supervision for the services they provide. CA expects the NAs to ensure a qualified and supervised workforce that includes:

- 4.5.2.5 Recruiting, selecting, training, and retaining racially and ethnically diverse and culturally competent service providers, management, and support staff (including staff who have experience working with Tribes and tribal communities as appropriate) to assume responsibility for all service and administrative and oversight functions described in this RFP.
- 4.5.2.6 Ensuring all staff responsible for service delivery and supervision have the required education, core competencies, training, and experience.
- 4.5.2.7 Ensuring that all service providers are provided regular consultation with a clinical supervisor, on a schedule described in an individualized clinical supervision plan, which is consistent with professional standards and is appropriate to each service provider's education, experience and to the complexity of the families they are providing services to. The NA shall ensure that clinical supervisors meet the following minimum qualifications:
 - 4.5.2.7.1 Masters Degree in social work or behavioral science or closely allied field, and 3 years of experience working with children and families in their homes due to conflict or concerns of abuse or neglect; and
 - 4.5.2.7.2 Two (2) years prior experience supervising staff providing child welfare or behavioral health services to families.
- 4.5.2.8 Ensuring that all staff understand the mandated reporter requirements of RCW 26.44.
- 4.5.2.9 Ensuring that all staff responsible for service delivery and supervision understand their responsibility for participating in juvenile court proceedings involving the family and child.

NAs are responsible to ensure all Provider Network service providers, supervisors, and support staff are supported and trained in best practices, applicable legal requirements, effective services, and successful collaboration techniques for the services identified in this RFP.

- 4.5.2.10 Ensure training is consistent with and reinforces the CA Practice Model, practice values and wraparound principles.
- 4.5.2.11 Provide pre-service training to newly hired staff and ensure all staff complete required training prior to assuming service delivery responsibilities. The curriculum must be approved by CA during the Start-Up phase. At a minimum, the NA shall ensure that any service provider working with families, without direct supervision all times, shall have received training on core child safety requirements of this contract. This shall include, at a minimum:
 - 4.5.2.11.1 Mandated Reporting
 - 4.5.2.11.2 Safety plans
 - 4.5.2.11.3 Notification requirements

- 4.5.2.12 Ensure staff and supervisors are given in-service training to build the knowledge, skills and competencies needed for their positions. The in-service and professional development opportunities curriculum must be approved by CA during the Start-Up phase.
- 4.5.2.13 Ensure staff participate in CA FamLink training using a train the trainer model. CA will train the NA staff that will provide all other FamLink trainings to users under the responsibility of the NA. NA will maintain adequate training for all NA staff including any subcontractors.
- 4.5.2.14 Use continuous quality monitoring of staff training to identify necessary improvements and enhancements to the training program.
- 4.5.2.15 The NA is encouraged to use supported employment to provide assistance such as job coaches, transportation, assistive technology, specialized job training, and individually tailored supervision, to employ people with significant disabilities.
- 4.5.2.16 Submit quarterly HR reports to CA, including staff vacancies, turnover, and training data.
- 4.5.2.17 NA must develop a *Workforce Development and Training Plan* to describe how the NA will manage the process of notifying, interviewing, selecting, and training service providers, supervisors, managers, and other staff and the process for ongoing recruitment and retention to meet staffing needs. The plan must include a final projection of anticipated staffing needs and a solid approach to timely recruitment and training of potential direct service staff and supervisors. The training plan must include approved training topics, course descriptions, trainers, proposed training schedule for new staff, appropriate orientation plan and schedule for all service providers, and a plan for ongoing training and professional development that will meet all contract requirements.
 - 4.5.2.17.1 During the Start-Up phase of the contract, the NAs will submit their *Workforce Development and Training Plan* to CA for approval. Upon approval they will begin hiring and training staff that must be prepared to assume responsibility for new service referrals at the start of the transition phase, beginning no later than 90 days before NA service providers start accepting referrals.

4.5.3 QUALITY MANAGEMENT

NAs are accountable for results. They must have fully developed Quality Management (QM) systems with the capacity to assume primary responsibility for ongoing monitoring of operations. This includes, service delivery, and oversight of performance and operations of all service providers in the Provider Network. QM includes both quality improvement and quality assurance activities. Quality improvement (changing a process to improve an outcome) and quality assurance (creating a system that supports that change) are both necessary to achieve high quality results.

During the Start-Up phase, CA will review and provide the initial approval of the NA's *Quality Management Plan* as described in Section 4.7 Start-Up & Transition. CA and NAs will collaborate in the development and ongoing use of the instruments deployed to measure satisfaction and protocols for conducting all QM activities proposed in the NA's plans. QM efforts will include measuring satisfaction of families and children served by the NA, stakeholders, tribal partners, Provider Network service providers, other community organizations, and judicial system partners.

Once services to families begin, CA expects the NAs to have qualified staff and infrastructure capacity to support a quality management system that includes quality assurance activities and a continuous quality improvement process.

CA expects the NAs to:

- 4.5.3.1 Implement a quality and utilization management system that adheres to the written plan, policies, and procedures approved during the Start-Up phase of the contract.
- 4.5.3.2 Build capacity to collect, manage, and report data to CA, to document the capacity to provide high quality services throughout the catchment area, use of evidence-based practices, efficacy of services, cost-effectiveness, and satisfaction of the families and children served, stakeholders and tribal partners. NA will submit reports on the following tasks:
 - Conduct surveys and report client satisfaction no less than every six months.
 - Receive and address client and provider grievances and complaints in the manner and timeframes stipulated in the CA approved plan.
 - Collect and analyze data to identify patterns and trends and manage information to drive improvements in the quality of services provided and the outcomes achieved.
 - Track and report to CA the NA's compliance with contract requirements, including child safety activities, fidelity to the overall practice model, wraparound principles and process, NA standards, policies, and procedures.
 - Develop and implement performance improvement plans, based on relevant data which may come from multiple sources. These plans must achieve, through ongoing measurable interventions, demonstrable and sustained improvement in service delivery.
- 4.5.3.3 Starting 6 months after beginning to provide services to families, provide written performance reports to CA. The NAs must issue quarterly reports that include descriptions of:
 - Success in meeting Service Responsiveness and Service Effectiveness measures, as developed and in accordance with schedule in Section 3.8.
 - Unmet service needs.
 - Use of EBPs.
 - Case reviews and resulting improvement plans.
 - All incidents, accidents, complaints and grievances filed.
 - Satisfaction survey results.
 - Changes to the Provider Network, including capacity enhancements, reductions, or other changes in the last quarter.
 - Performance data for each service provider.
- 4.5.3.4 Cooperate fully with CA contract monitoring activities, including:
 - 4.5.3.4.1 CA desk reviews and monthly meetings to review data.
 - 4.5.3.4.2 CA led comprehensive review of random samples of cases served by the NA.
 - 4.5.3.4.3 Annual performance review conducted by a CA led team that may include external stakeholders and tribal partners.

- 4.5.3.4.4 During the Start-up Phase, CA and the NAs will finalize the procedures and tools that will be used for CA monitoring.
- 4.5.3.5 Comply with federal and state statutes and applicable policies and procedures related to confidentiality of client information.
- 4.5.3.6 Develop a *Quality Management Plan* to describe:
 - 4.5.3.6.1 NA's management staffing capacity.
 - 4.5.3.6.2 How NA will assess performance of operations on an ongoing basis, identify problems, propose and implement improvements strategies, and evaluate results of improvement strategies.
 - 4.5.3.6.3 Define the system to assess and improve the quality of performance, meet outcome and performance expectations, and describe how the NA will continually monitor Provider Network providers to ensure compliance with contract terms and achievement of specified results.
 - 4.5.3.6.4 How the NA will support CA's quality improvement efforts and monitoring of the NA's performance and compliance with contract terms and conditions.
 - 4.5.3.6.5 Description of how the NA will engage community stakeholders and tribal partners in evaluating performance and in planning system improvements, including their history of and plans for involving families and children, and help the agency evaluate and improve services.
 - 4.5.3.6.6 Final staffing plan to support the QM system.

4.5.4 INFORMATION MANAGEMENT

All NA service providers must have the information technology capacity to manage and develop reports based on service data on service responsiveness, service effectiveness, NA performance, and costs. The NA will have the capacity to use data to monitor operations and performance of service providers to ensure quality, progress towards service plan goals and compliance with all contract terms and performance expectations.

The NA will have input access to the Washington's Statewide Automated Child Welfare Information System (SACWIS) known as FamLink and will input data on contacts, services provided and service reports in FamLink. This integrated, case management tool is used by DSHS to manage child data, provider data, child risks and assessments, service payment and data extraction. FamLink is the one point of entry and the center for all information on the evaluation, planning and service delivery for the children served by CA. Documentation of services is critical to meeting legal requirements applicable to families and children served by CA, under both federal and state law.

The ability for NA to have input access to FamLink will support child safety, permanency and well-being in partnership with CA. It will also ensure that required data is collected in real-time and recorded in a way that CA can consistently monitor and report performance without being dependent on numerous, disparate systems.

CA intends to use FamLink to document and transmit referrals for services and authorizations for the NA to provide services. Initial requests for crisis referrals for services can occur telephonically 24 hours per day by CA caseworkers and will be followed-up with an electronic referral through FamLink. .

The NA will utilize FamLink to document service intervention plans, contacts with families and children, actual services provided, service reports and exit summaries. CA will control and monitor NA's access to FamLink and information available about specific families and children.

Provider Availability and Records – CA will establish protocols to address the creation and maintenance of provider availability and NA users records in FamLink. This information will allow CA to select available providers when making service referrals and serve as the foundation of NA access to FamLink.

Security Protocol – Specific security steps for individuals accessing FamLink include signatures on documents outlining user's restrictions on FamLink use; criminal history background and FamLink check requirements, which includes a search to determine if an individual has a history of Child Abuse and Neglect and annual security renewal for each individual accessing FamLink.

Training for Users – CA will train NA staff in the designated areas of FamLink. The training model used will be a train the trainer model. CA will train the NA staff that will provide all other FamLink trainings to users under the responsibility of the NA. NA will maintain adequate training for all their staff and include any subcontracting staff.

CA expects the NA to:

- 4.5.4.1 NA shall provide a list of available qualified providers in the Provider Network. NA will manage this by indicating whether individual providers are available or unavailable through an update screen in FamLink.
- 4.5.4.2 NA shall have a website with information about the service providers in the Provider Network, including area(s) of specialization, qualifications, geographic location, provider effectiveness, provider responsiveness, and other factors that would support the caseworker in choosing a provider.
- 4.5.4.3 Support and maintain network protocols, hardware and software compatible with FamLink.
- 4.5.4.4 Have the hardware and staff capacity to enter timely and accurate data into FamLink and any other system maintained by the NA.
- 4.5.4.5 Have data quality assurance mechanisms in place to check the accuracy of data entered into FamLink and any other NA IT system and remedy any problems.
- 4.5.4.6 Maintain adequate IT support staff to ensure compliance with the requirements of the NA Contract. At a minimum, the NAs must have adequate staffing to:
 - Provide technical end-user support.
 - Troubleshoot issues related to staff using FamLink.
 - Interface with CA FamLink staff.
 - Provide all hardware support and software support.
 - Report immediately any FamLink application errors using the defined process approved by CA.
- 4.5.4.7 Develop a *Management Information, Reporting, and Record-Keeping Plan* to provide a description of:
 - 4.5.4.7.1 FamLink data that the NA will enter and that service providers will enter.

- 4.5.4.7.2 Plan for any enhancements to the NA's IT systems to meet CA reporting requirements and description of how the NA will generate any data/reports that will be required but for which FamLink will not be the source.
- 4.5.4.7.3 Approach to ensuring FamLink training and security clearance is obtained for all end users in the NA and its provider service system.
- 4.5.4.7.4 Description of the policies and procedures for maintaining records and reconciling data in FamLink with hard copy files.
- 4.5.4.7.5 Final description of the IT staffing capacity and job descriptions of all IT staff.

4.6 PERFORMANCE BASED FISCAL MODEL REQUIREMENTS

4.6.1 FINANCIAL & RISK MANAGEMENT

Funding for Family Support and Related Services is estimated at \$30 million annually, based on estimated appropriations for State Fiscal Year 2012. Actual funding available for the provision of services under this performance based contract will be identified upon passage of the final 2013-15 Enacted Legislative Budget for Children's Administration.

CA is consulting with nationally recognized experts to ensure that the proposed fiscal model incorporates lessons learned from other States and municipalities and supports the development of a successful contract.

4.6.1.1 Financial Risk Management

- 4.6.1.1.1 Within the Provider Network, each NA will reimburse employees and subcontractors for the services provided, as requested by the CA caseworker.
- 4.6.1.1.2 NA must have financial and utilization management systems in place to ensure accountability for dollars spent and the capacity to manage financial risk.
- 4.6.1.1.3 NAs must demonstrate the ability to manage funding to provide authorized services.

4.6.1.2 Adherence to a Detailed CA-Approved *Financial Risk Management Plan*.

NAs will submit a detailed *Financial Risk Management Plan*. The plan must be approved by CA before an NA can begin transition of families and children to the NA's Provider Network. The fiscal management plan must include, but is not limited to, the following:

- 4.6.1.2.1 A detailed description of an accounting system capable of supporting the operation and management of a Provider Network, payroll, and subcontractor payments.
- 4.6.1.2.2 Copies of fiscal policies and procedures that address payment, invoices, delinquencies, reconciliation, audits, other standard accounting procedures, and plans to address cash flow difficulties that may arise.
- 4.6.1.2.3 A detailed description of an information system that supports the management and oversight of state-funded services; and an information system that collects, analyzes, integrates, and reports financial and outcome data.
- 4.6.1.2.4 A plan for implementation of reinvestment of savings achieved in accordance with service goals defined by CA.

4.6.1.3 Ensure Financial Solvency

- 4.6.1.3.1 Network administrators must demonstrate the ability to ensure solvency for the contractual period. Network administrators will provide an explanation of the

organization's resources that fully demonstrate the ability to ensure solvency for the contractual period. Network administrators shall provide a copy of the organization's balance sheet, which shall include, but is not limited to, the following:

- Cash balances – as supported by the organization's submitted balance sheet.
- Other Liquid assets – as supported by the organization's submitted balance sheet.

4.6.1.3.2 Line of credit – specify source and amount. Line of credit letters may be requested prior to finalizing any awards.

4.6.1.3.3 By October 1, 2013, NAs must have completed a cash flow analysis and be able to show the anticipated cost of operation for the first year, by month, and have identified appropriate existing resources for at least sixty days of operation.

4.6.1.4 Pay Subcontractors on Time

4.6.1.4.1 Payments to subcontractors by NAs will be made on a timely basis.

4.6.1.4.2 The NA shall ensure that 90 percent of all claims for services, for which no further written information or substantiation is required in order to make a payment, are paid within 30 days of the date of approval

4.6.1.4.3 The NA shall ensure that 99 percent of such claims are paid within 180 days of the date of receipt.

4.6.1.5 Maintain Records

4.6.1.5.1 The NA and its subcontractors will maintain financial and other records.

4.6.1.5.2 All financial records will follow Generally Accepted Accounting Principles.

4.6.1.5.3 Other records will be maintained as necessary to clearly reflect all actions taken by the NA.

4.6.1.6 Protection Against Insolvency

If an NA becomes insolvent during the term of the contract:

4.6.1.6.1 The state of Washington and clients of CA will not be in any manner liable for the debts and obligations of the NA.

4.6.1.6.2 Under no circumstance will the NA, or any subcontractors used to deliver services, charge clients of CA for contracted services.

4.6.1.6.3 Solvency Requirements for Subcontractors - For any subcontractor that shares financial risk, the NA will establish, enforce and monitor solvency requirements that provide assurance of the subcontractor's ability to meet its obligations.

4.6.1.7 Delegated Administrative Functions

Network administrators that delegate administrative functions will report the following information to CA:

- How frequently and by what means the NA will monitor compliance with solvency requirements.
- Provisions for revoking delegation or imposing sanctions if the subcontractor's performance is inadequate.

4.6.1.8 Comply with Financial Audits and Financial Inspections

- 4.6.1.8.1 The NA and its subcontractors will cooperate with audits performed by duly authorized representatives of the state of Washington and federal government, including but not limited to State of Washington agencies, Federal Department of Health and Human Services, auditors from the federal Government Accountability Office, federal Office of the Inspector General, and federal Office of Management and Budget.
- 4.6.1.8.2 With reasonable notice, generally 30 calendar days, the NA and its subcontractors will provide access to its facilities and the records pertinent to the contract to monitor and evaluate financial performance under this contract, including, but not limited to, the quality, cost, use, timeliness of services, and assessment of the NA's capacity to bear the potential financial losses.
- 4.6.1.8.3 The NA and subcontractors will provide immediate access to facilities and records pertinent to this contract for financial fraud investigators and all non-financial matters related to performance under this contract.

4.6.2 MAINTAIN INSURANCE

The NA will at all times comply with the minimum insurance requirements established by CA. Currently the minimum requirements are:

- 4.6.2.1 Commercial General Liability Insurance (CGL): The NA will maintain CGL insurance, including coverage for bodily injury, property damage, and contractual liability, with the following minimum limits: Each Occurrence - \$3,000,000; General Aggregate - \$5,000,000. The policy will include liability arising out of premises, operations, independent contractors, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract. The state of Washington, its elected and appointed officials, agents, and the Department of Social and Health Services and its employees will be named as additional insured's expressly for, and limited to, NA services provided under this contract.
- 4.6.2.2 Professional Liability Insurance (PL): The NA will maintain Professional Liability Insurance, including coverage for losses caused by errors and omissions, with the following minimum limits: Each Occurrence - \$3,000,000; General Aggregate - \$5,000,000.
- 4.6.2.3 Worker's Compensation: The NA will comply with all applicable worker's compensation, occupational disease, and occupational health and safety laws and regulations. The state of Washington and the Department of Social and Health Services is not an employer of the NA or its employees and will not be held responsible as an employer for claims filed by the NA or its employees under such laws and regulations.
- 4.6.2.4 Employees and Volunteers: Insurance required of the NA under this contract will include coverage for the acts and omissions of the NA's subcontractors, employees, and volunteers.
- 4.6.2.5 Subcontractors: the NA will ensure that all subcontractors have and maintain insurance appropriate to the services to be performed. The NA will provide copies of Certificates of Insurance for subcontractors to CA if requested.

4.6.3 APPROACH TO REIMBURSEMENT

CA will pay a milestone payment for each service provided by the NA.

- CA will pay the NA, on or before the tenth working day of the month based on the number of milestone pay points reached on the first day of said calendar month.
- The monthly payment to NA will be calculated based on the number of milestone pay points provided that month.

4.6.3.1 Payment for Services – The NA shall pay employees and subcontractors for work performed.

4.6.3.1.1 The NA shall use a performance-based payment approach to pay employees and subcontractors for services requested by CA caseworkers for families and children.

4.6.3.1.2 The NA shall use a standard and equitable payment methodology for all services provided within the Provider Network. The NA shall submit to CA and update as necessary the payment methodology used.

4.6.3.1.3 The NA shall operate within budget.

4.6.3.2 Renegotiation of Rates –The milestone payment set forth herein will be subject to renegotiation during the contract period only if CA determines that it is necessary due to a change in federal or state law, or other material changes beyond the NA's control, which would justify such a renegotiation.

4.6.4 OUTCOMES AND REINVESTMENT PROVISIONS

In Washington State, the broad vision of performance based contracts is a safe reduction in the use of out-of-home care, which will be achieved by improving the quality of services that families and children receive. A goal of performance-based contracts is to tie desired outcomes to a reimbursement mechanism that better aligns outcomes and payments. This section will be further described in the Final RFP.

4.6.5 FINANCIAL REPORTING REQUIREMENTS

4.6.5.1 Administrative Costs

4.6.5.1.1 The milestone payment paid to NAs provides funding for both administrative and service costs.

4.6.5.1.2 NAs will provide assurance that administrative costs are kept at a reasonable level in order to provide sufficient funding for service delivery.

4.6.5.1.3 NAs shall submit a proposed administrative budget to include direct and indirect costs.

4.6.5.2 Service Utilization Data

4.6.5.2.1 The NA will report monthly service utilization data. Service utilization data includes claims paid by the NA for services delivered to clients through the NA or its subcontractors during a specified reporting period. CA collects and uses this data for many reasons such as: federal reporting, milestone payment rates, service verification, assessing service provision, utilization patterns, and access to care.

4.6.5.2.2 The NA will perform a monthly accounting of the costs of services provided for each authorized service in FamLink. A reconciliation will be required to note those services authorized but are yet to be provided.

4.6.5.2.3 CA may change service utilization data reporting requirements with 90 calendar days' written notice to NAs. The service utilization data reporting

requirements may be changed with less than 90 calendar days' notice by mutual agreement of CA and NAs. NAs will, upon receipt of such notice from CA, provide notice of changes to subcontractors.

4.6.5.3 Financial Reporting Sanctions

If the NA fails to meet one or more of its obligations under the terms of this contract or other applicable law, CA may impose sanctions by withholding up to five percent of its scheduled payments to NAs.

- CA may withhold payment from the end of the cure period until the default is cured or any resulting dispute is resolved in the NA's favor.
- CA will notify the NA in writing of the basis and nature of the sanctions, and if, applicable, provide a reasonable deadline for curing the cause for the sanction before imposing sanctions. The NA may request a contract resolution, as defined in the contract.

4.7 START-UP & TRANSITION REQUIREMENTS

During the Start-Up phase, successful Responders will be required to build the capacity and competencies necessary to provide the services required in this RFP and the resulting contract. The NA must pass a Readiness Review before accepting any referrals. During the Start-Up phase, the NAs will complete subcontracting, hiring and preparation of staff as approved in the Operational Implementation Plan and, during the transition phase, begin transitioning all required services.

This section details requirements for the Start-Up phase including start-up deliverables, the Readiness Review process, and the transition phase.

4.7.1 START-UP PHASE

The Start-Up phase is the period of time in which the NA completes development and acquires the infrastructure necessary to provide and manage services, including but not limited to staffing, office space, capital equipment, and IT systems. The Start-Up phase begins when the contract is signed and ends when the NA satisfactorily completes all deliverables, passes the Readiness Review and accepts the first service referral.

4.7.1.1 During this Start-Up phase, the NA, in consultation with CA, will complete an assessment of service needs and capacity and develop a plan for building a Provider Network capable to provide services in all areas of their catchment area. The NA must pass the Readiness Review before the first family is referred for services.

4.7.1.2 During Start-Up, the NA must also update a series of deliverables, listed below, that must be finalized and approved by CA prior to the readiness assessment. These deliverables prepare the NA for the readiness assessment and enable CA to evaluate the approach to organizing services and the NA's administrative capacity. The NA will work closely with CA to:

4.7.1.2.1 Update the deliverables.

- NAs must submit information about all service providers that will deliver services in the network, including:
 - Name and address
 - Geographic area to be served

- Service category the provider will deliver
 - The agency, if any, the service provider works for
 - Website link or other materials about the provider's model of service delivery
 - If the proposed service model is not evidence-based, promising, or research-based, in accordance with the report, "*Inventory of Evidence-Based, Research-Based, and Promising Practices for Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems*", available at <http://www.wsipp.wa.gov/pub.asp?docid=E2SHB2536>, CA must approve the model as meeting the intent of the service.
- 4.7.1.2.2 Finalize policies and procedures generated from the deliverables in preparation for the transition of services.
- 4.7.1.3 The Responder must submit a *Comprehensive Transition Plan* to describe the approach the NA will use to successfully perform all administrative functions and provide services to all referred families and children by December 1, 2013. The plan will be updated by the NA after the contract is executed and must be approved by CA.
- 4.7.1.3.1 The *Comprehensive Transition Plan* must describe the approach to transition legacy services for each service category. The NA will provide a rationale for the transition approach.
- 4.7.1.3.2 At a minimum, the *Comprehensive Transition Plan* must describe:
- Approach to minimize disruption to children, families, and caregivers.
 - Overall approach to transition services.
 - Detailed approach to transition legacy services and accept new referrals within the first 180 days.
 - How they propose to involve CA staff, Tribes, and existing providers in the development of the plan.
 - Number and type of staff, including their roles and responsibilities, needed for transition.
 - Referral acceptance and assignment procedures that clearly indicate the NA will accept all referrals as required in this RFP.
- 4.7.1.4 Start-up Deliverables
- CA expects the NAs to complete all start-up deliverables, including:
- 4.7.1.4.1 *Operational Implementation Plan* for the Start-Up Phase
- 4.7.1.4.2 Within 30 days of contract signing, the NA will submit the Start-up phase *Operational Implementation Plan* for CA approval. This plan will include but is not limited to a list of all current activities associated with each required deliverable, anticipated dates of completion, and key staff responsibilities. The plan will describe the NA's proposed process to complete each deliverable for CA's review and approval.

- The *Operational Implementation Plan* must reflect the requirements set forth in this RFP and the proposed activities of the Responder.
- Actions in the plan must be sequential and allocate time and resources for activities.
- Actions in the plan must be accomplished within the given time frames so that services and procedures for cooperative efforts are in place prior to the date for implementation.
- The plan and methods must include the Start-Up, implementation and ongoing efforts.
- Effective plans will incorporate innovative methods to maximize positive outcomes.

4.7.1.4.3 Updates to work plan deliverables required in the proposal.

The *Operational Implementation Plan* will include updates to all plans required in the proposal. Plans for apparently successful Responders are subject to further negotiation and will require prior approval by CA.

- Provider Network Development & Management Plan (Section 4.5.1)
- Workforce Development and Training Plan (Section 4.5.2)
- Quality Management Plan (Section 4.5.3)
- Management Information, Reporting, and Record-Keeping Plan (Section 4.5.4)
- Financial Risk Management Plan (Section 4.6.1)
- Comprehensive Transition Plan (Section 4.7.1)

4.7.2 READINESS REVIEW

After the NA has submitted all Start-Up deliverables and CA has approved all plans, and prior to the receipt of the first referral, CA will schedule an onsite Readiness Review that will be conducted by a CA-led Review Team that, at the discretion of CA, may include external reviewers.

The Readiness Review is a limited-scope quality assurance review of the status of major plans, staff capacity and infrastructure, actions, and outcomes that are necessary for successful implementation.

- 4.7.2.1 The NA must pass the readiness assessment as a condition for beginning the Transition Phase.
- 4.7.2.2 If the NA has not passed the Readiness Review by December 1, 2013, CA will work with the NA to develop a plan to implement the Provider Network as soon after December 1, 2013, as safely possible.
- 4.7.2.3 Prior to the on-site visit, the Review Team will conduct a desk review of background information provided by the NA, including:
 - Organizational charts
 - Written plans and deliverables developed and reviewed by CA during the Start-up Phase.

During the site visit, the Review Team will meet jointly in large and small groups with key NA staff and CA staff. Information gathered in these settings will be obtained through collaborative presentations by the NA and CA staff and inquiry by Review Team members. The focus will be on identification of both strengths and weaknesses in core administrative and management areas.

Within seven working days of the visit, the Team Leader will prepare written results of the review findings, including either a recommendation that the NA be allowed to proceed with the Transition activities or recommendations for remedying deficits prior to being allowed to proceed. The final decision resides with the CA Assistant Secretary.

CA Expectations for the Readiness Review – CA is responsible for:

- Review Instrument – CA will develop a Readiness Review instrument that will be used to evaluate the operational readiness of the NA during the Start-up phase. It will be based on a set of uniform criteria derived from the requirements of the Start-up deliverables. It will evaluate programmatic, financial, and organizational competencies.
- Review Team – CA is responsible to assign staff and any external stakeholders and tribal partners to the review team, identify the team leader, prepare the team for the review, and ensure the review protocol is followed and the report is issued within the designated timeframes.

4.7.3 TRANSITION PHASE

The Transition Phase begins on December 1, 2013, after successful completion of the Readiness Review. The Transition Phase ends when all families receiving Family Support and Related Services (i.e. legacy services) are receiving those services from the NA. NA will ensure continuity of services through the transition plans to the greatest extent possible.

4.7.3.1 The NA shall, by December 1, 2013, have the capacity and ability to accept and respond to all new requests for service for Family Support & Related Services.

4.7.3.2 To minimize service disruptions, CA intends to seek agreement from contracted NAs to maintain service delivery under current CA contracts for services that are anticipated to be completed within 90 days of the NA contract effective date.

- The Responder must indicate that they agree to CA's request, OR
- Describe how they propose to approach transition and service delivery for services that will be completed within 90 days of the NA contract effective date.

4.7.3.3 Responder shall propose an approach to transition services being provided by current CA contractors when those services will not be completed within 90 days of the NA contract effective date.

- This transition can begin as early as the NA contract effective date and must be transitioned within 180 days.
- NAs shall assume service responsibility for all legacy services and be fully operational no later than 180 days after the start of the transition.

4.7.3.4 For all services that will be transitioned to the NA, Responders shall propose a transition plan for services being provided by current CA contractors addressing both scenarios below:

4.7.3.4.1 When the current CA contractor providing the service will be a subcontractor or NA employee in the Provider Network

4.7.3.4.2 When the current CA contractor providing the service will not be a subcontractor or NA employee in the Provider Network

5 Content of Proposal

This section describes the content that proposals must include. It is expected that responsive proposals will fully address the requirements in Section 4 in response to the proposal content specified in Section 5. Section 4, Scope of Work, defines the requirements for Network Administrators and Section 5, Content of Proposal, identifies the content consistent with those requirements that Responders must fully develop in their proposal.

These requirements will be specified in the Final RFP issued December 31, 2012.

6 GENERAL INFORMATION

6.1 PROCUREMENT SCHEDULE

The Procurement Schedule outlines the tentative schedule for important action dates and times.

ALL DATES ARE APPROXIMATE AND MAY BE ADJUSTED IN THE FINAL RFP

Procurement Schedule

Item	Action	Date
1.	Issue RFP – available for download from DSHS Internet site	December 31, 2012
2.	Non-Mandatory Pre-Proposal Conference	January 10, 2013
3.	Mandatory Letter of Intent to Submit a Proposal due from Responder	January 21, 2013
4.	Last Date for Accepting Responder Written Questions	January 21, 2013
5.	Issue Response to Written Questions No Later Than	February 19, 2013
6.	Proposal Submission Due	March 18, 2013
7.	Proposal Evaluation	March 25 – May 3, 2013
8.	Notify Apparently Successful & Unsuccessful Responders No Later Than	June 28, 2013
9.	Begin Contract Negotiations	July 1, 2013
10.	Contract Effective	December 1, 2013

6.2 NON-MANDATORY LETTER OF INTEREST FROM POTENTIAL RESPONDERS

DSHS will issue a Final Request for Proposal (Final RFP) on December 31, 2012, to solicit proposals from entities and Tribes to contract with Children's Administration to serve as Network Administrators (NA) under a performance based contract. Initial requirements for NAs have been outlined in this Draft RFP, and successful Responders shall meet the minimum qualifications and requirements in the procurement released on December 31, 2012. At that time, all documents relevant to the procurement will be available on the DSHS Procurements website at http://www.dshs.wa.gov/ccs/draft_rfp_1213-414.shtml.

The solicitation will be open to both for-profit and nonprofit entities. In selecting the successful Responder, DSHS will comply with RCW [74.13B.060](#) which requires "when all other elements of the responses to any procurement under RCW [74.13B.020](#) are equal, private nonprofit entities and federally recognized Indian tribes located in this state must receive primary preference over private for-profit entities."

If you are interested in responding to the Final RFP when it is released, please submit a Letter of Interest to the Procurement Coordinator by Monday, October 29, 2012.

- This request is not mandatory and in no way obligates entities or Tribes to submit a response to the Final RFP, but it does help DSHS estimate the number of responses and plan accordingly.

- A list of entities and Tribes interested in becoming Network Administrators will be posted at <http://www.dshs.wa.gov/ca/about/srv-intro.asp> so that potential subcontractors may make connections with potential Responders in development of a Provider Network.

The Letter of Interest should:

1. Be submitted on the potential Responder's official business letterhead stationery.
2. State that the potential Responder is interested in or intends to submit a response to the Final RFP when it is released.
3. Indicate the CA region(s) and/or office(s) the potential Responder is interested in serving. See Exhibit C, DSHS Regional Office Map.

Note: While the final service catchment areas have not yet been determined (Section 3.3), an indication of the service catchment area of interest will assist potential subcontractors in connecting with potential Responders in the areas they currently serve. This initial designation of the region(s) and/or office(s) the potential Responder is interested in serving will not be considered in scoring responses to the Final RFP released on December 31, 2012.

4. Include the following information about the potential Responder:

Name of Responder Organization	
Name of Responder Representative	
Title of Responder Representative	
Mailing Address of Responder Organization	
Telephone Number of Responder Representative	
Fax Number of Responder Representative	
Email Address of Responder Representative	

Potential Responders are encouraged to submit a signed Letter of Interest. Letters of Interest must be submitted via postal service or e-mail by **Monday, October 29, 2012** to the Procurement Coordinator through one of the three methods listed below:

1. By Postal Service to:
Department of Social and Health Services
Central Contract Services
PO Box 45811
Olympia WA 98504-5811
Attn: Andrew Kramer, JD, Procurement Coordinator
2. By E-mail to:
Andrew.Kramer@dshs.wa.gov.

6.3 EXHIBITS

Exhibits to this Draft RFP include:

Exhibit A – Definitions
Exhibit B – Provider Network – Service Array
Exhibit C – DSHS Regional Map

Additional exhibits will be included in the Final RFP.

7 Exhibits

7.1 EXHIBIT A – DEFINITIONS

The following terms which appear in this Draft RFP have the meaning that is defined below for the purposes of this RFP:

Term	Definition
ACTIVE EFFORTS	Term used in federal law that designates the level of effort states must put forth when serving Indian Children.
ADMINISTRATIVE COSTS	Equivalent to the familiar concepts of "indirect" costs or "overhead." As distinguished from program administration or management expenditures that qualify as direct program costs, administrative costs refer to central executive functions that do not directly support a specific project or service. Administrative costs relate to the general management of the organization, such as strategic direction, Board development, Executive Director functions, accounting, budgeting, personnel, procurement, legal services and cost of rent, utilities or training.
AFTERCARE SERVICES	Services to families and children following the child's discharge from out-of-home care or in-home services.
APPARENTLY SUCCESSFUL RESPONDER (ASR):	Responder whose response is judged to be the best combination of attributes based upon the evaluation criteria. A Responder selected as having submitted a successful proposal, based on the final determination of DSHS management taking into consideration the Responder's final proposal score and which proposals best meet the needs of DSHS. The Responder is considered an "apparently" successful Responder until a contract is finalized and executed.
ASSESSMENT	Collection of information to inform decision-making about a child, youth, or family. It is always conducted -to identify child safety threats and risk, design a plan, and provide services that will assist in resolving the issues identified.
BEST PRACTICE	Technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success.
BUSINESS DAYS AND HOURS	Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the State of Washington.
CASE	Family or child referred by CA for services to address safety, permanency, or well being.
CASE CLOSURE	Upon notification from CA, the point in the case where the Network Administrator can close the case.
CASE MANAGEMENT	Convening family meetings, developing, revising, and monitoring implementation of any case plan or individual service and safety plan, coordinating and monitoring services needed by the child and family, caseworker-child visits, family visits, and the assumption of court-related duties, excluding legal representation, including preparing court reports, attending judicial hearings and permanency hearings, and ensuring that the child is progressing toward permanency within state and federal mandates, including the Indian child welfare act. [RCW 74.13B.010(1)]
CASE PLAN	Document that specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver's protective capacities to assure the child's safety and well being. CA co-develops case plans with family members and community partners.

Term	Definition
CASE STAFFINGS	Engage parents in the shared planning process to develop family specific case plans focused on identified safety threats and child specific permanency goals. Working in partnership with families, natural supports and providers helps identify parents' strengths, threats to child safety, focus on everyday life events, and help parents build the skills necessary to support the safety and well-being of their children. The shared planning process integrates all CA staffings.
CASEWORKER	Reflects the CA staff who provide case management, regardless of the formal personnel system classification of the staff in CA.
CASH RESERVES	Refers to an amount of money that is deemed sufficient to cover the cost of running an organization during a period of transition or reasonable costs that may be incurred during a disruption in cash flows.
CHILD AND FAMILY SERVICES REVIEW (CFSR)	Reviews conducted by the Children's Bureau, within the United States Department of Health and Human Services to monitor States' conformity with the requirements of title IV-B of the Social Security Act. Significant financial penalties may be assessed if a state fails to make the improvements needed to achieve substantial conformity. Additional information is available at http://www.acf.hhs.gov/sites/default/files/cb/cfsr_factsheet.pdf
CHILD PROTECTION TEAM (CPT)	Provide multi-disciplinary consultation and recommendations to the Department on cases where there will not be an FTDM, and there is a risk of serious or imminent harm to a young child and when there is dispute if an out-of-home placement is appropriate.
CHILD PROTECTIVE SERVICES (CPS)	Program under Children's Administration that investigates or provides a family assessment response to allegations of child abuse or neglect. CPS may make a referral to the NA to address immediate safety concerns.
CHILD SAFETY	Safety is the primary and essential focus that informs and guides all decisions made from Intake through case closure. This includes removal and reunification decisions. Assessing the safety of children is essential in all placement settings (in-home and out-of-home).
CHILD(REN)	For the purpose of the RFP refers to persons birth through age 17, and includes adolescents and youth.
CHILDREN'S ADMINISTRATION (CA)	Administration in the Washington State Department of Social and Health Service (DSHS) legally responsible to deliver child protection and child welfare services in Washington State.
CLIENT	Any child or adult who is authorized for services by CA.
CONCRETE RESOURCES	Tangible items to help manage and control safety threats in the home (e.g. food, clothing, appliances, child safety locks, water safety items, etc.) and provided by the NA in conjunction with other services requested by CA.
CONTRACT MANAGER	CA designee that oversees the NA's compliance with General Terms and Conditions in the contract, and technical aspects of the contract such as insurance, personnel files, background checks, licensure, and training logs.
CONTRACTOR	Individual or Company whose proposal has been selected by DSHS's evaluation process and is awarded a formal written contract to provide specific goods and/or services.
COST	Expense incurred by Network administrators for the provision of services. In reconciling authorized services to services provided through service utilization data cost is the actual cost paid for services verses the rate approved during the creation of the service in FamLink.

Term	Definition
COUNSELING	Employing any therapeutic techniques as described under WAC 246-810-010, RCW 18.19.010.
CULTURAL COMPETENCE	<p>Ability to interact effectively with people of different cultures. Cultural competence comprises four components:</p> <ol style="list-style-type: none"> 1. Awareness of one's own cultural worldview, 2. Attitude towards cultural differences, 3. Knowledge of different cultural practices and worldviews, and 4. Cross-cultural skills. <p>Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures</p>
DAYS	Calendar days unless otherwise specified.
DIVISION OF LICENSED RESOURCES (DLR)	Division of the Children's Administration responsible for conducting home studies for foster parents, relatives, and adoptive parents. DLR is responsible for licensing, recruitment and enforcement responsibilities associated with foster homes, group homes, crisis residential centers, respite care facilities, overnight youth shelters, child placing agencies, and adoption agencies. DLR conducts child protective service investigations in these facilities, as well as other state licensed and state-regulated entities.
DSHS	Washington State Department of Social and Health Services that is issuing this RFP.
EVIDENCE-BASED (EBP)	Program or practice that is cost-effective and includes at least two randomized or statistically controlled evaluations that have demonstrated improved outcomes for its intended population. [RCW 74.13B.010(6)]
FAMILY ASSESSMENT	Process of gathering information on a family to gain a greater understanding of how a family's strengths, needs and resources affect child safety, well-being, and permanency. The assessment is completed in partnership with the family to understand what everyday life challenges and individual caregiver behaviors contribute to child safety threats to be addressed in case planning.
FAMILY TEAM DECISION MAKING MEETINGS (FTDM)	Process CA uses to make child placement decisions. These meetings involve birth families and community members, resource families, service providers and agency staff, to ensure a network of support for the child and the adults who care for them.
FAMILY TIME	Time that families spend together and may include visitation.
FAMLINK	Name of Washington State's Statewide Automated Child Welfare Information System (SACWIS) that automates the collection of federally mandated child welfare data and provides support for the delivery and management of child welfare services.
IMPENDING DANGER	Parenting behavior that is harmful and destructive to a child's cognitive, social, emotional or physical development that is likely to occur in the immediate or near future that could result in one or more of the following outcomes: serious or severe harm, injury requiring medical attention, life endangering illness or death.
INDIVIDUAL SERVICE AND SAFETY PLAN (ISSP)	Document presented to juvenile courts for dependency and permanency reviews, identifying the service plans for children, parents, foster/relative caregivers, agencies and DSHS.
IN-PERSON	Face-to-face exchange.

Term	Definition
CONTACT	
INTERVENTION ASSESSMENT	Process where a service provider gains an understanding of the families strengths and needs to develop an intervention strategy for services to meet the service goal established by CA.
INTERVENTION PLAN	Written plan prepared by the service provider that identifies the strategy to address the family's needs as identified by Children's Administration and in a standardized test that assists the family to identify strengths and goals. The plan should identify the steps to achieve the service goal established by CA.
INTERVENTION STRATEGY	The steps a service provider will take to achieve the service goal established by CA.
ISSUE	To mail, post or otherwise release this RFP as a public document to interested parties.
LEGACY SERVICE	Legacy Service refers to a family or child receiving services through a CA contracted service provider prior to the implementation of this contract, which may require transition to the service provided by the Network Administrator.
LOCAL INDIAN CHILD WELFARE ADVISORY COMMITTEE (LICWAC)	Ad hoc advisory committee established by DSHS for the purpose of providing assistance to CA staff in planning for Indian children regarding the provision of adoption, foster care, and Child Protective Services. The regional LICWAC acts in an advisory capacity to CA regarding the delivery of services to Indian children and their families.
NETWORK ADMINISTRATOR (NA)	Entity that contracts with the department to provide defined services to children and families in the child welfare system through its Provider Network, as provided in RCW 74.13B.020 . [RCW 74.13B.010(7)]
NO REJECT/NO EJECT	The NA cannot decline any referral for services to a family. The NA is responsible to identify a service provider that can provide the service locally if the caseworker chooses a service provider that cannot serve the family. The NA must provide services to all families referred and cannot choose to stop services without CA request.
PARA-PROFESSIONAL STAFF	Staff of the NA or provider agency who are 21 years of age or older and have an associate's degree in Social Work, Psychology, Education, Early Childhood Education, or related field – OR – have two years working with families involved in the child welfare system.
PARENT	In this procurement, reflects the biological mother and father, adoptive mother and father, and any other person who has been recognized by the department as responsible for the parenting role of the child.
PERFORMANCE MEASURE	Specific representation of a capacity, process, or outcome deemed relevant to the assessment of performance.
PERFORMANCE OUTCOME	Specific activity or result desired from a service required under the contract.
PERFORMANCE WORK STATEMENT	A statement of the work or services which the Responder is to perform under any contract awarded, and which is generally in the form of an exhibit attached to the contract.
PERFORMANCE-BASED CONTRACTING	Structuring all aspects of the procurement of services around the purpose of the work to be performed and the desired results with the contract requirements set forth in clear, specific, and objective terms with measurable outcomes and linking payment for services to contractor performance. [RCW 74.13B.010(8)]
PRACTICE MODEL	Solution Based Casework
PRESENT DANGER	Immediate significant and clearly observable severe harm or threat of severe harm

Term	Definition
	occurring in the present
PROFESSIONAL STAFF	Staff of the NA or provider agency who have a Master's degree in Social Work, Psychology, Education, or related field and one year working with families involved in the child welfare system – OR – Bachelor's degree in the same with at least three years work experience with families involved in the child welfare system.
PROGRAM MANAGER	CA staff assigned to provide contract oversight and conduct contract monitoring activities to include the provision of technical assistance. CA designee that oversees the NA's compliance with the Statement of Work, quality delivery of services, conflict resolution and liaison between caseworkers and the NA.
PROMISING PRACTICE	Practice that presents, based upon preliminary information, potential for becoming a research-based or consensus-based practice. [RCW 74.13B.010(9)]
PROPOSAL	All material prepared and assembled by a Responder.
PROTECTIVE ACTION	Action taken to manage or control present danger.
PROTECTIVE CAPACITIES	Behavioral, cognitive and emotional characteristics that can specifically and directly be associated with a person's ability and willingness to care and keep a child safe.
PROTEST	An objection by the Responder, in writing, protesting the results of this RFP, and which complies with all requirements of this RFP.
PROVIDER AGENCY (PA OR AGENCY)	Entity that subcontracts with the NA to provide services, and is referred to as a subcontractor in this RFP. Referred to as "provider" in RCW 74.13B
PROVIDER NETWORK	Service providers who contract with or are employed by a Network Administrator to provide services to children and families in the geographic area served by the Network Administrator. [RCW 74.13B.010(10)]
REQUEST FOR PROPOSAL (RFP)	This document. The RFP is used as a solicitation document in this procurement, as well as all amendments and modifications thereto. The RFP is a documented formal procurement process providing Responders an equal and open opportunity to compete on DSHS contracts.
REQUIREMENTS - MR	Essential DSHS need that must be met by the Responder. Mandatory requirements are scored as pass or fail. DSHS will eliminate from the evaluation process any Responder not fulfilling all mandatory requirements or not presenting an acceptable alternative.
REQUIREMENTS - SR	Essential DSHS need that must be met by the Responder. Responders are required to respond to all scored requirements. Because scored requirements represent the minimum acceptable level DSHS will accept; they are evaluated and scored on a scale as defined in RFP Section entitled Evaluation Points.
RESEARCH-BASED	Research-based means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices. [RCW 74.13B.010(11)]
RESPONDER	An individual, organization, public or private agency, or other entity, along with its employees and agents, submitting a proposal in response to this RFP. "Responder" also includes any firm, provider, organization, individual, or other entity performing services under this Contract. It shall also include any Subcontractor retained by Responder as permitted under the terms of this Contract.
RESPONSE OR PROPOSAL	A formal "offer" made by the Responder submitting the information required by a specific RFP.

Term	Definition
REVISED CODE OF WASHINGTON (RCW)	The laws of the State of Washington. All references to RCW chapters or sections shall include any successor, amended, or replacement statute.
RFP COORDINATOR	The person named in this RFP as the RFP Coordinator, or the RFP Coordinator's designee within DSHS Central Contract Services. The sole point of contact within DSHS regarding this RFP for potential Responders and other interested parties.
RISK OF MALTREATMENT	The likelihood (chance, potential, prospect) for parenting behavior that is harmful and destructive to a child's cognitive, social, emotional and/or physical development and those with parenting responsibility are unwilling or unable to behave differently.
SAFE CHILD	Children are considered safe when there is no present danger or impending danger threats or the caregiver's protective capacities control all known safety threats.
SAFETY ASSESSMENT	Used throughout the life of the case to identify impending danger and determine whether a child is safe or unsafe. It is based on comprehensive information gathered about the family at the time the safety assessment is completed. A Safety Assessment is completed at key decision points in a case to identify impending danger and to inform and implement Safety Plans with families to control or manage those threats.
SAFETY PLAN	Written agreement between a family and CA that identifies how safety threats to a child will be immediately controlled and managed. The Safety Plan is implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to protect the child.
SAFETY THREAT	
SERVICE PROVIDER	Individual providing the direct service to the family who is employed by the NA or employed by the provider agency subcontracted through the NA.
SOCIAL SERVICE PAYMENT SYSTEM (SSPS)	Social Service Payment System (SSPS) means the DSHS service authorization and payment system used by DSHS for this Contract.
SOLUTION BASED CASEWORK (SBC)	Washington State's child welfare practice model and is the overarching framework for public child welfare practice in Washington State. See Section 2 in the RFP for detail.
STAFFING	Meeting, conducted by CA staff with one or more of the following persons: other CA staff, professional staff of the NA and other professionals and providers, parents or others caregivers, for the purpose of reviewing or discussing services, or for making decisions concerning a family.
START-UP PHASE	Begins when the contract is signed and ends when the NA satisfactorily completes all deliverables, passes the Readiness Review and accepts the first service referral,
SUB-CONTRACT(OR)	In this procurement, subcontract or subcontractor refers to the individual or entity the NA contracts with to develop the Provider Network. The NA is a contractor of DSHS; therefore, the individual or entity providing services under the NA contract does not have a contract with DSHS and is a subcontractor.
SUBMIT	To deliver to DSHS RFP Coordinator any of several documents described in this RFP and in the manner specified in this RFP.
TRANSITION PHASE	Begins on December 1, 2013, after successful completion of the Readiness Review and when the NA accepts the first legacy service referral or new referral, and ends when all legacy services have been transitioned to the NA.

Term	Definition
TRIBAL CHILD WELFARE STAFF	Tribal staff identified by a Tribe to represent the interests of Tribes and Native American children consistent with the Indian Child Welfare Act and Tribal-State agreements.
UNSAFE	Children are considered unsafe when they are vulnerable to present or impending danger and caregivers are unable or unwilling to provide protection.
WASHINGTON ADMINISTRATIVE CODE (WAC)	The rules of the State of Washington. All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.
YOUTH	In this RFP, refers to children age 15 through age 17, unless a specific age group is identified in the text. Where specified, youth can include individuals up to age 21.

7.2 EXHIBIT B – PROVIDER NETWORK–SERVICE ARRAY

This exhibit provides a description of the Service Array, along with other helpful information.

INTRODUCTION

The Network Administrator (NA) shall have the capacity to deliver all services within the service array for any family referred through its Provider Network, comprised of subcontracted service providers and employee service providers. The NA shall have service providers ready and able to provide Children's Administration (CA) requested services to children and families. CA will refer families for services that respond to the goals identified by the CA caseworker to meet the unique needs of each family; CA will not request all services for all families.

Children's Administration expects that the NA will continually work to enhance the quality and effectiveness of services and adapt and tailor services to meet the individualized needs of families and children. The NA will maintain a focus on child safety at all times.

The NA is responsible for:

- Immediate notification to CA of suspected safety threats to children.
- Ensuring high quality and effective services delivered by all providers within the network.
- Delivering services to families that are integrated, consistent, and supportive across service categories.
- Accurate and timely documentation of all contacts made by each provider, reflecting the current status of the family and safety issues, progress, barriers, and issues addressed regarding services provided.

All services shall be delivered using strategies that support Solution Based Casework values:

- Engaging families in change at every opportunity
- Identify existing strengths of the family and individuals in the family, and how these strengths can be built on to achieve the service goal(s) CA has identified.
- Identify triggers, early warning signals, and skills to avoid, cope, and escape harmful behaviors.
- Develop a relapse prevention plan with the family and CA.
- Intervene based on the unique needs of the family and individuals in the family.
- Develop individualized service intervention plans using service assessments to meet the CA identified service goals.
- Help the family achieve sustainable change in order to establish and maintain safety in the home.

All services are expected to involve families and children. Family engagement is a shared responsibility between CA, NA, and service providers resulting in a child welfare system committed to making sustained efforts to involve families in culturally responsive and effective services. . Effective engagement results in families that are actively committed to sustainable child safety. Family engagement is continuous throughout the intervention and occurs at each contact with the family.

Children's Administration believes that services make the most lasting impact when delivered as close in time to the event that created the need for an intervention and when provided in the family home. Therefore, CA requires services to begin quickly and be provided in the family's home, unless otherwise indicated by the CA caseworker, or it is contrary to the service modality (e.g. parent skills groups or assessments). Services shall be offered at times and locations that are convenient for the family and

reduce the impact on the parents' work schedule. The NA shall have a broad array of services available beyond regularly scheduled business hours.

Services provided under this contract will be authorized by a referral from CA to the NA. Referrals will be managed through FamLink.

SAFETY ACTIVITY IN THE PROVIDER NETWORK

Children's Administration will develop Safety Plans for families receiving services, when necessary. CA will identify tasks or activities to control and manage safety threats in the home. Some of those tasks may be services provided by the NA; others will engage the family with natural and community supports. The delivery of services by the service providers affords an additional opportunity to assess the viability of the Safety Plan. The service provider who is working in the family home shall:

- Understand the Safety Assessment and Safety Plan and how it controls safety threats in the home;
- Review the Safety Plan weekly with the family and child, when the service provider is providing ongoing in home services;
- Record the results of the review, and notify the CA caseworker if the family violates the Safety Plan, or if there are new events that might indicate a need for a change in the Safety Plan;
- Report any safety concerns that are not controlled or managed in the existing plan to CA immediately; and
- Take immediate protective action to ensure child safety when they are in present danger.

If the CA Safety Assessment indicates that a Safety Plan is not required and the service provider has safety concerns, the service provider must immediately report them to CA and follow-up with written notification within 24 hours.

Notification of Unplanned Events – Any suspected child abuse or neglect shall be reported according to the mandated reporting requirements (RCW 26.44.030).

- Whenever the contract references reporting safety concerns immediately to CA, the service provider is required to:
 - Speak directly with the child's assigned caseworker, their immediate supervisor, or CA Intake; AND
 - Provide written documentation of concerns to the child's assigned CA caseworker within 24 hours from the telephone contact via fax or secure e-mail.
- Immediate notification is required in the following situations:
 - Safety Concerns. The service provider must provide immediate notification to CA when they become aware of:
 - An allegation of child abuse or neglect;
 - Unexplained or inconsistently explained injuries to the child;
 - A parent/child relapses with drugs/alcohol;
 - A Safety Plan is not followed; and/or
 - A new safety concern surfaces that is not addressed in the Safety Plan.
 - Unusual Incidents. The service provider must provide immediate notification to CA when they become aware of an unusual incident which may impact the child's health, safety or wellbeing, the child's living situation or permanent plan. Examples of unusual incidents include, but are not limited to:

- Physical self-abuse or abuse of others (by the child or someone in the family, not child abuse and neglect);
 - Sexual assaults or sexual behaviors that are not age appropriate by the child;
 - Severe behavioral incident(s) unlike the child's ordinary behavior (e.g. suicide attempts, violent behavior, self harming behaviors);
 - Child runs away;
 - Any incident that necessitates medical attention or hospitalization;
 - An adverse reaction to medication, food, etc.;
 - A child's caregiver, or person identified in the child's Safety Plan, is no longer able to participate in the Safety Plan, is injured, or dies.
 - The service provider is contacted by law enforcement or media about the case.
- Notification within 24 hours is required in the following situations:
 - Missed Appointment. The service provider shall notify the child's assigned CA caseworker in writing by fax or secure email within 24 hours if a client misses a scheduled visit or requests to reschedule visits.
 - Change of Address. The service provider shall notify the child's assigned CA caseworker in writing by fax or secure email within 24 hours when the service provider learns a parent has a change of address.
 - Changes in the home. When there is a change of anyone living in the home or a visitor resides in the family home for more than fourteen days. This includes anyone moving in, moving out, or new infants.

EVIDENCE-BASED PRACTICES IN THE PROVIDER NETWORK

Children's Administration is committed to the use of evidence-based practices (EBP), research-based, and promising practices that may become tomorrow's evidence-based programs. EBPs, research-based, and promising practices relevant to child welfare populations can be found in the report, *"Inventory of Evidence-Based, Research-Based, and Promising Practices for Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems"*, available at <http://www.wsipp.wa.gov/pub.asp?docid=E2SHB2536>.

The NA must have the capacity to deliver effective services where children and families in one part of the state have access to services of equal effectiveness in other parts of the state. EBPs are an important component of the services provided by the NA.

Children's Administration currently contracts for the delivery of the following EBPs and promising practices. CA also provides for the training and fidelity monitoring of these programs internally and through contract:

- Functional Family Therapy
- Homebuilders
- Incredible Years
- Parent Child Interaction Therapy
- SafeCare
- Family Preservation Triple P Enhanced

Children's Administration has designated the EBP under the category of service that it most aligns with. CA requires the service provider to maintain EBP fidelity requirements, and CA is not changing the fidelity of the EBP requirements through this designation.

Children's Administration requires the NA to prioritize the use of therapeutic and skill-based services that are evidence-based and include fidelity monitoring. CA acknowledges there is currently insufficient workforce or diversity in proven interventions with fidelity to address the needs of all families. When efficacious services with fidelity are not the right match or are not available, CA requires other services to be promising practices or research-based. The NA will obtain CA approval for the delivery of any service that CA does not identify as evidence-based, research-based, or promising.

Children's Administration currently provides and will continue to provide the fidelity support for EBP services. In order to ensure effectiveness of evidence-based, research-based, or promising practices, it is necessary to incorporate a formal fidelity monitoring process. CA expects NAs to ensure service providers deliver these services with fidelity. Providers are expected to achieve certification where required. EBPs require one or more of the following components to assure model fidelity:

- Specific training by a certified trainer.
- Ongoing coaching or mentoring.
- Specialized supervision and clinical consultation.
- Audio and video tape review.
- Implementing pre and post service measures to track effectiveness.

RCW 43.20C requires DSHS to increase the use of evidence-based practices, research-based practices, and promising practices. Children's Administration will be establishing baselines for EBP usage by July 2013. Once baselines are established, Children's Administration will develop systemic strategies to increase the use and statewide availability of EBPs for all families. CA will seek input from NAs when identifying goals for expanding the availability and utilization of EBPs. NAs shall have the capacity to deliver the current level of EBPs and to increase the use of EBPs.

OVERVIEW OF THE SERVICE ARRAY IN THE PROVIDER NETWORK

PURPOSE OF SERVICES: Increase the behavioral, cognitive, and emotional protective capacity of parents to safely care for their own children.

FOCUS →	CRISIS SERVICES SHORT-TERM, IN THE MOMENT	FAMILY EDUCATION & SUPPORT LONG TERM BEHAVIORAL AND COGNITIVE CHANGE	ASSESSMENT FOR FAMILIES WITH COMPLEX NEEDS
9 SERVICE CATEGORIES ARE LISTED IN BOLD Bulleted text indicates <i>examples of service elements</i> within each service category. Service elements will be further defined upon the release of the Final RFP.	CRISIS INTERVENTION <ul style="list-style-type: none"> Emergent response <ul style="list-style-type: none"> 24/7 response Safety plan tasks Notify CA of potential safety threats Supervision and intervention to control safety threats Crisis stabilization and de-escalation BASIC HOME SAFETY SERVICES TO ADDRESS PRESENT OR IMPENDING DANGER IN THE HOME SUCH AS: <ul style="list-style-type: none"> Toxins Health risks Home repairs 	PARENTING SKILLS <ul style="list-style-type: none"> Age appropriate discipline Health/well-being needs (including complex medical needs) Parental skill building and mentoring specific to child welfare families Intensive parent coaching Safely manage child's behavior Ability to protect child(ren) from other adults/children FAMILY FUNCTIONING <ul style="list-style-type: none"> Address family system and individual issues impacting child safety Family functioning supports child safety Interpersonal relationships and positive connections Increase empathetic response of parent and address emotional needs of child Safely manage child's behavior Self-advocacy skills for parents and their children CORE LIFE SKILLS SERVICES TO BUILD CORE LIFE SKILLS IMPACTING CHILD SAFETY AND MAY INCLUDE AREAS SUCH AS: <ul style="list-style-type: none"> Decision-making skills Basic home management and maintenance Employment Housing PARENT SUPPORT SERVICES <ul style="list-style-type: none"> Veteran parent and youth mentors to support families to: <ul style="list-style-type: none"> Navigate the system Facilitate parent engagement Minimize distrust of the child welfare system Transportation SUPPORTED VISITATION IN THE FAMILY HOME WHEN SAFE, TRANSPORTATION AS NEEDED, SELECTION OF 4 AVAILABLE COMPONENTS: <ul style="list-style-type: none"> Visit with intensive parent coaching Visit with skill building and mentoring Visit with supervision for safety Visit with monitoring for safety 	EVALUATION & ASSESSMENT DETERMINED NECESSARY BY CA TO ADDRESS SAFETY THREATS WHEN NOT COVERED BY THE REGIONAL SUPPORT NETWORK OF OTHER COVERAGE: <ul style="list-style-type: none"> Developmental assessment Domestic violence/intimate partner aggression violence evaluation Parental capacity evaluation Psychiatric assessment Psychological assessment Psychosocial evaluation Sexual Deviancy Adult Only assessment
	CONCRETE RESOURCES CONCRETE RESOURCES ARE PROVIDED BY THE NETWORK ADMINISTRATOR (NA) IN CONJUNCTION WITH CRISIS SERVICES AND FAMILY EDUCATION & SUPPORT. CONCRETE RESOURCES ARE PROVIDED BY CA WHEN THE NA IS NOT PROVIDING OTHER SERVICES. <ul style="list-style-type: none"> Food Clothing Appliances Baby gate or crib Car repairs Other 		

CRISIS SERVICES FOCUS

The purpose of Crisis Services focused services is to directly control for threats to child safety in the family home identified by Children's Administration, so that children can remain safely at home. CA's Safety Plans identify protective actions and safety services to control for threats to child safety within the family home. These tasks and services are intended to be short-term and in the moment.

Service Goals

Children's Administration will request services from the Crisis Services Focus when CA's goal is to immediately increase child safety in the child's own home. These through focused services address families in crisis to control safety threats to the child by helping family members stabilize behavior, monitoring child safety, and providing assistance to identify safe options.

Basic Home Safety are crisis focused services that address safety threats in the physical environment to control for the safety of the child when the parent demonstrates an inability to maintain a safe and healthy environment.

Service Categories

The categories of services available for Crisis Services include: Crisis Intervention and Basic Home Safety.

CRISIS INTERVENTION

Services control for safety threats by restoring safety and stability to the family through de-escalation, supervision and observation of parent(s) and their children as directed by the CA caseworker. Services are primarily provided in the family's home and are directed at:

- De-escalating the family crisis using an active and systematic approach.
- Controlling for safety threats by monitoring child safety in the home and providing a level of supervision appropriate to the identified safety needs of the child(ren).
- Creating sustainable stability for family or individual functioning in response to conflict, including their ability to access supportive natural supports and community resources.
- Modeling safe, appropriate, and effective responses and behaviors.

BASIC HOME SAFETY

Services are intended to have an immediate effect on the concerns in the physical environment which compromise a child's safety and physical health. Services are provided in the family home. Services assist the family to complete emergency home repairs or modification to establish a safe, habitable home to include correcting unsafe conditions and address threats that seriously endanger the child's safety and physical health such as:

- Housing is unsanitary, infested, a health hazard.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves are hazardous and accessible.
- There are natural or man-made hazards located in or close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- Modeling safe, appropriate, and effective responses and behaviors.

Service Requirements

At a minimum, services for a family in crisis will be available to the family within three hours of referral 24 hours per day, seven days per week. These services are intended to control safety threats to the

child by helping family members stabilize behavior, monitor child safety, and provide assistance to identify safe options, and address home environment threats. Services typically shall be provided in the family's home. The NA must have capacity in the Provider Network to:

- Be available to CA to request Crisis Services 24 hours per day, seven days per week.
- Be available to families 24 hours per day, seven days per week, and have the capacity to respond in-person within one hour when needed.
- Provide ongoing contact with the family as necessary to control safety threats identified by Children's Administration.
- Support CA's use of natural supports and community resources to achieve child safety.
- Engage families in focused safety threat reduction, until threats are eliminated or can be managed by the adults in the home.
- Increase the parents' understanding of how the safety threats impact their children and how to prevent them in the future.

The focus of Crisis Services is the entire family unit, including all adults and children residing in the home. Crisis Services include a comprehensive combination of concrete and basic services, as well as natural supports, designed to fit the specific needs of each family.

Referral and Service Provider Assignment

The Network Administrator shall have the capacity and ability to assign referrals for Crisis Intervention and Basic Home Safety to a service provider within two (2) hours of referral, and the service provider shall make in-person contact with the family within one hour of assignment when requested by CA, for a total response time to the family to occur within three (3) hours. This type of referral is expected to occur when children are at imminent risk of placement if services are not initiated immediately. CA may make a referral for Crisis Services 24 hours a day, 7 days a week. Because of the nature of crisis services and the quick response time expected, CA will not identify a specific service provider, but will identify the type of service needed.

CA reserves the right to establish the maximum number of families a provider can serve at one time in the final contract. Responders will designate the maximum number of families they propose a service provider can serve at one time.

Service Initiation

Crisis Intervention Service – The service provider shall make in-person contact with the family within one hour of assignment.

Service Intervention Assessment and Planning

A crisis-oriented intervention assessment, using a standardized validated tool to be designated by CA, must be completed by the service provider to develop intervention strategies that directly address the service goals identified by the CA caseworker. The service providers shall complete an intervention assessment with the family no later than three (3) days after initial in-person contact. The intervention assessment will guide the service provider's work with the family to develop intervention strategies that directly address the service goals identified by the CA caseworker. Recommended intervention strategies, including the results of the intervention assessment, shall be sent to the referring CA caseworker for approval within five (5) days of initial in-person meeting.

When the service provider believes the service goals identified by CA should be modified or changed based on the results of the intervention assessment, they must contact the CA caseworker to seek

approval for the change. The service provider shall not change the service goals without approval from the CA caseworker.

Delivery and Duration of Services

CRISIS INTERVENTION

Services shall be delivered in the family home. The service provider shall make in person contact with the family as identified on the referral. The least intrusive and shortest term intervention indicated should be used. The service goal identified by the CA caseworker will generally center on one of three primary areas:

1. **Monitoring and Supervision** - Services are authorized for fifteen (15) days. These services may be provided by para-professionals directly monitoring child safety in the home and providing a level of supervision appropriate to the safety tasks and activities identified in the Safety Plan. Services are authorized up to fifteen (15) hours, per referral.
2. **Crisis Stabilization and De-escalation**— Services are authorized for fifteen (15) days. These services require a professional response to achieve sustainable crisis stabilization and de-escalation and insight into the issues causing the crisis. Services are authorized up to ten (10) hours, per referral; up to three (3) hours can be done by phone.
3. **Intensive Family Preservation** – Provided through the evidence-based program of HomeBuilders to achieve sustainable crisis stabilization and de-escalation and insight into the issues causing the crisis. CA will most often request these services in cases where both Crisis Intervention services and Family Functioning services are indicated at the time of service referral. The duration of services will reflect the HomeBuilder's model.

At all contacts with the family, service providers shall assess if the safety goals identified are being followed.

BASIC HOME SAFETY

Services shall be delivered in the family home. The service provider shall make in-person contact with the family member(s) identified on the referral. This work may require the service provider to assist the family to work with their landlord, homeowner, or community. The service provider will inspect the area(s) of the home the CA caseworker has identified to assess the full extent of physical threats to child in the family home, develop a plan that includes costs for concrete resources to remediate the physical safety threats in the home. Before implementing the plan, the service provider will obtain approval from the CA caseworker. Services are authorized up to ten (10) hours of para-professional services and up to \$500 in concrete resources, per referral.

Documentation & Reports

The NA shall ensure that all reporting is strength based, consistent with CA's values using Solution Based Casework and the Safety Framework. Reporting shall be oriented towards the service goals identified. All documentation for the provision and summary of services shall be recorded in a format prescribed by CA and in FamLink. Through this centralized standard method for recording service delivery CA anticipates improved communication about the services delivered to families, progress families are making, the quality of services provided, service outputs, cost of services, quality assurance efforts, and service outcomes. CA intends to partner with the NA to identify methods to improve the information tracking system to support high quality and effective service delivery.

All Crisis Services provided shall be documented within two (2) days of service delivery. At the end of service, the service provider shall provide written summaries reflecting the achievements to the caseworker and family on the progress of services toward the services goals.

Service Progression

Crisis Services Focus	Goals	Approaches	Indicators
Assessment Phase	Identification of reasons that create unsafe situation.	Crisis assessment and engagement of family in restoring safety.	Family engaged in identification of source(s) of the crisis and safety threats.
Control Phase	Basic living conditions are safe and family has access to necessary life services.	Actions are implemented to control the active safety threats in the home restoring safety to the home.	With assistance from the service provider and natural supports, the child is safe and protected in the family home. Living conditions are safe and habitable for the child.
Sustained Reduction of Crisis Events	Family understands the reasons or conditions that lead to the crises that required services.	Families have intervention strategies that help them prevent future crisis.	The child is safe and protected in the family home without CA services.

FAMILY EDUCATION & SUPPORT FOCUS

The purpose of Family Education & Support focused services are to address long term behavioral, emotional, and cognitive changes needed to increase the family's capacity to safely parent their children in their own home. This includes providing services to families to support timely reunification of their children, when children have been placed in out-of-home care. These services are directed at individual and family level objectives to increase the family's capacity to manage and control threats to child safety.

These services are intended to include a broad spectrum of service intensity. These services may be provided by both professionals and para-professionals that work together to assure seamless services to the family. When more than one service category is provided to a family in this focus area, the different service categories shall directly support each other. NAs are encouraged to develop provider teams that can provide services across multiple service categories to minimize the number of providers interacting with the family.

The focus of Family Education and Support Services is the entire family unit, including all adults and children living in the home and children temporarily placed in out-of-home care. Family Education and Support Services shall include a comprehensive combination of engagement, service intervention planning, therapeutic services, and support accessing community resources designed to fit the specific needs of each family served. If CA places a child in out-of-home care while services are being provided, CA expects the service provider will continue to provide services to the parents, unless otherwise directed by CA. These services shall be provided in the home unless the CA caseworker identifies otherwise, or it is contrary to the evidenced based practice treatment modality.

Service Goals

The goals of the services within Family Education & Support Services focus are to:

- Increase safety for children in their own home.
- Increase parental skills to safely care for and protect their children in their own home.
- Help parents gain control and efficacy over their lives, help them deal more effectively with daily pressures and demands, and promote the parent's ability to advocate for their child.
- Address parent's cognitive or emotional responses that interfere with their ability to safely care for their child.
- Use family engagement approaches to successfully motivate families to engage in services and address the behaviors and issues that involved them with the child welfare system.
- Support families to maintain a healthy parent and child bond and healthy sibling relationships when children are temporarily placed in out-of-home care.

Service Categories

The categories of services available for Family Education and Support include: Parenting Skills, Core Life Skills, Family Functioning, Parent Support Services, and Supported Visitation.

PARENTING SKILLS

Services will use instruction methods and curriculum that can be tailored to the unique needs, learning style and cognitive abilities of the parent and include experiential learning opportunities through parent coaching. Services will be tailored to support the parent in meeting the unique medical, developmental, behavioral and educational needs of their child. At a minimum, the NA will

have the ability and capacity to work with parents in developing skills including, but not limited to:

- Providing adequate basic care (e.g. bathing, feeding, hygiene, health, medication administration, clothing, laundering, diapering, home child-proofing).
- Demonstrating appropriate parental expectations.
- Understanding the needs of children at different developmental stages and how to meet those needs.
- Ability to protect children from unsafe adults/children.
- Ability to select appropriate substitute caregivers
- Supervising children according to their developmental needs.
- Using appropriate discipline according to children's developmental needs.
- Providing positive attention and emotional support to the child.
- Using positive parent-child attachment.
- Using effective, non-abusive methods of behavior management.
- Understanding and responding to children's health and developmental needs (including complex medical needs and age-appropriate language, intellectual, social/emotional and motor development).
- Supporting children in their academics (e.g. academic readiness).
- Providing sustainable support for the unique health and developmental needs of their children.

CORE LIFE SKILLS

Services will use instruction methods and curriculum that can be tailored to the unique skill needs, learning style and cognitive abilities of the parent and include experiential learning opportunities through parent coaching. The NA, at a minimum, shall have the ability and capacity to assist families in gaining skills including, but not limited to:

- Maintaining a safe, habitable home.
- Basic home management
- Consumer education instruction - including providing instruction to one or more family members on consumer education topics (e.g. tenant rights, debt counseling, credit issues) to enhance their adjustment and family stability.
- Family economic self-sufficiency (including access to resources for employment and housing)
- Advocacy training - including providing one or more family members instruction on how to advocate for and access and utilize services/supports from systems such as mental health, substance abuse treatment, education, public housing, public, and private benefit programs, etc. The goal of the advocacy training will help the family successfully access community services and supports.
- Budget and manage household finances.
- Obtain and provide nutritious meals.
- Complete household chores.
- Identify and utilize the resources needed to support each family member (e.g. food, clothing, shelter medical care, employment) that, if unmet, could result in a threat to child safety.
- Use appropriate decision-making skills to use resources so that basic care and support needs are adequately met.

FAMILY FUNCTIONING

Services shall provide individualized cognitive behavioral therapies (e.g. cognitive behavioral treatment or solution focused brief therapy) directly applicable for use with families involved in the child welfare system. At a minimum, the NA shall have the ability and capacity to impact cognitive, emotional, and behavioral functioning to increase a family's ability to:

- Safely manage their child's behavior
- Manage intense family conflict with an adolescent
- Increase parents' empathetic responses to address emotional needs of their child
- Address cognitive abilities that impact a parent skill-building
- Increase communication and social interaction functioning, including promoting effective communication skills, enhancing productive means of expressing feelings, and effective anger management techniques.
- Improve family relationships, build and strengthen parent/Child relationships, and address issues that jeopardize the safety of the children.
- Promote positive child development and safely manage the behaviors of children and when appropriate and instructing children on strategies to manage their own behavior.
- Understanding the triggers related to child or youth emotional and behavioral deregulation.

PARENT SUPPORT SERVICES

NAs shall develop services provided by veteran parents and youth mentors to support families to quickly and effectively engage in the process of restoring parental protective capacity and achieve safe child reunification. Program components include:

- Veteran parent outreach to incoming parents at the Shelter Care Hearing
- Support in navigating the child welfare system
- Dependency 101 or similar class, which is a two-hour information session, led by veteran parents and other system stakeholders that educate parents about the dependency system.
- Telephone support is provided to parents who seek such support.
- Transportation resources for children or families to facilitate their participation in services, when approved by CA. The service provider will work with families to identify community and natural supports to meet their own transportation needs over time.
- Modeling safe, appropriate, and effective responses and behaviors.

SUPPORTED VISITATION

When children are in out-of-home care, the NA will have the capacity and ability to provide supported visitation services between parents and their children and between siblings. When supported visitation is provided in conjunction with another Family Education and Support Service provided by the NA (e.g. parenting skills), the supported visitation shall be delivered in a manner that supports the other service.

When a child is placed out of the home and families are not already receiving Family Functioning or Parenting Skills services, the caseworker may choose the services that are needed to support parent-child contact and facilitate timely safe reunification. Whenever possible, the services should complement one another and reduce duplication (e.g. parenting skills training should occur at the visit). CA may request visits between children and other adults, which will be provided through the NA.

When children are placed in out-of-home care and the family is already receiving Family Functioning and/or Parenting Skills, these services will continue, unless otherwise directed by CA. In most cases, these services will continue to be provided in the home and will include the children to improve the parent-child interaction and bond. These interactions will be part of the visitation plan. When visitation for parents and children is needed in addition to these interactions, the visit plan will include additional visitation hours that will support the model used during the interaction.

Supported Visitation is conducted at one of two (2) levels of service intensity:

1. Therapeutic Visits – occurs between a child placed in out-of-home care and parents or family receiving Parenting Skills or Family Functioning services. Therapeutic visits are those supported visits that occur in conjunction with Parenting Skills or Family Functioning services. Each visit should have time specifically identified for parent-child interaction (family time) without directed skills building, which will be supervised or monitored based on the skills of the parent.
2. Basic Visits - Visits without Parenting Skills or Family Functioning services to allow for family time. Not all families with children in out-of-home care require Parenting Skills or Family Functions services. Visits without Parenting Skills and Family Functioning will be referred for one of three types:

Supervised Visits – Provide family time between the parents and their children who are placed in out-of-home care. They require the presence of an adult who maintains line of sight and sound supervision and is available to intervene immediately to maintain the child's safety. The visitation supervisor will use the principles of visit coaching. The frequency, duration and location of visits will be determined by the CA caseworker.

Monitored Visits – Provide family time between the parents and their children who are placed in out-of-home care. They require the presence of an adult to monitor the visit periodically and intervene as needed to maintain the child's safety. This may include intermittent monitoring during parent-child visits in the family home to occur at the frequency determined by the caseworker.

Sibling Visits – Provide family time between siblings placed apart in out-of-home care in the least restrictive, supportive, community- based environment, with the frequency, duration, and location to be determined by the CA caseworker.

Service Referral and Service Provider Assignment

The NA shall have the capacity and ability, Monday through Friday, 8:00 am to 5:00 pm excluding holidays observed by Washington State, to accept and confirm the availability of the requested service provider within three (3) hours of a CA referral for Parenting Skills, Core Life Skills, Family Functioning, Parent Support, or Supported Visitation services. When the requested service provider is not available, the NA shall notify the CA caseworker why the service provider is not available and identify two alternatives who match the service needs of the family for the caseworker to choose from.

When the CA caseworker does not request a specific service provider, the NA shall respond to the referral by assigning a service provider who matches the service needs of the family within four (4) hours of the referral.

CA reserves the right to establish the maximum number of families a provider can serve at one time in the final contract. Responders will designate the maximum number of families they propose a service provider can serve at one time.

Service Initiation

The service provider shall make initial contact with the family within twenty-four (24) hours of assignment and have in-person contact with the family within forty-eight (48) hours of assignment, unless otherwise directed by the CA caseworker or indicated by the type of service (e.g. group based Parenting Skills, Supported Visitation).

Service Assessment and Intervention Planning

For Parenting Skills, Core Life Skills, and Family Functioning: The service provider shall use a standardized, validated intervention assessment identified by CA to develop intervention strategies that directly address the service goals identified by the CA caseworker. Service providers shall complete an intervention assessment with the family no later than seven (7) days after initial in-person contact. The intervention assessment will guide the service provider's work with the family to develop intervention strategies that directly address the service goals identified by the CA caseworker. Recommended intervention strategies, including the results of the intervention assessment, shall be sent to the family's CA caseworker for approval within fourteen (14) days of the initial in-person meeting.

When the service provider believes the service goals should to be modified or changed based on the results of the intervention assessment, they must contact the CA caseworker to seek approval for the change. The service provider shall not change the service goals without approval from the CA caseworker.

Delivery and Duration of Services

PARENTING SKILLS & CORE LIFE SKILLS

At a minimum shall use para-professional staff and shall be conducted in the home when possible, or through a group process when approved by CA. Each referral will include no more than 12 training sessions. If additional sessions are needed, the NA shall obtain authorization from CA. CA expects these services shall be tailored to the family service goals identified by the CA caseworker.

When providing EBPs, the service hour limit shall be defined by the EBP. Types of EBP services that are covered in this service category include:

- Incredible Years
- SafeCare

FAMILY FUNCTIONING

At a minimum shall use professional staff and shall be conducted in the home when possible, or through a group process when approved by CA. Each referral will include no more than twenty (20) direct in-person service hours. If additional hours are needed the NA shall obtain authorization from CA. CA expects these services shall be tailored to the family service goals identified by the CA caseworker.

When providing EBPs, the service hour limit shall be defined by the EBP. Types of EBP services that are covered in this service category include:

- Functional Family Therapy
- Family Preservation Triple P Enhanced
- Parent Child Interaction Therapy

PARENT SUPPORT SERVICES

The NA shall work with CA to develop capacity to provide Parent Support Services through parents and youth who are successful veterans of the child welfare system to act as mentors through activities that include, but are not limited to, helping families navigate the system, facilitating parent engagement, and minimizing distrust of the child welfare system.

Parent Support Services also include transportation services for families or children to facilitate their participation in case directed activities, when approved by CA. CA will work with the NA to more clearly identify when transportation services will be provided. The service provider will work with

families to identify community and natural supports to meet their own transportation needs over time.

SUPPORTED VISITATION

The NA shall, in response to the frequency and duration of visits identified by CA, develop a visit appointment schedule with the family and arrange for the meeting location. Once developed, the service provider shall notify the caseworker of the schedule.

Visits shall follow the written visitation plan developed by the caseworker and the family, which includes the frequency, duration, location, and service goals for the family. Any changes to the visit plan must be made by the child's caseworker. All visit supervisors and monitors will be trained to identify and take protective action when children's safety is threatened at the visit. All supported visitation shall incorporate the principles of Visit Coaching, outlined in the work of Marty Beyer, regardless of the service level chosen.

Para-professionals and professionals involved in visits shall work together and use a unified approach to delivering services. When the intervention is delivered by a professional, the professional shall guide the supportive interaction of the para-professional with the family.

The NA, at a minimum, shall have the ability and capacity to:

- Provide visitation that incorporates parent skills and family functioning services into the visit.
- Provide visitation supervision and monitoring for the safety of the children
- Provide visitation supervision between siblings
- Provide visits at times that work best for the family (including evenings and weekends)
- Provide visits in the most natural setting possible, in the family home or community when safe. Some visit services may occur in detention facilities, if the parent is incarcerated.
- Schedule, plan, arrange, and provide transportation assistance for visits.
- Coordinate transportation and planning for visits with the child's foster parents or other placement setting.
- Provide reports regarding the services provided, including the dates and times of and a brief description of the events that occurred at the visits.
- Model safe, appropriate, and effective responses and behaviors.

When providing Supported Visitation the service provider shall:

- Notify all parties when visitation services will begin and the schedule of visits.
- Confirm the first scheduled visit with all parties, at least 24 hours in advance of the visit, and confirm any later scheduled visit if the client failed to attend the previous scheduled visit.
- Provide Transportation to visits when requested by CA.

Documentation & Reports

The NA shall ensure that all reporting is strength based, consistent with CA's values using Solution Based Casework and the Safety Framework. Reporting shall be oriented towards the service goals identified. All documentation for the provision and summary of services shall be recorded in a format prescribed by CA and in FamLink. Through this centralized standard method for recording service delivery CA anticipates improved communication about the services delivered to families, progress families are making, the quality of services provided, service outputs, cost of services, quality assurance efforts, and service outcomes. CA intends to partner with the NA to identify methods to improve the information tracking system to support high quality and effective service delivery.

All Family Education & Support services provided shall be documented within five (5) days of service delivery. Additionally, the NA shall provide monthly summaries each month to the caseworker and family on the progress of services towards the services goals.

Service Progression

Family Education & Support	Goals	Approaches	Indicators
Engagement Phase (emphasized at the beginning of the service and throughout the delivery of services)	Parents understand the need for new parenting behaviors and approaches.	Assessing family needs and removing barriers to accessing services. Responding to unique family needs and challenges.	Parents actively participate in services.
Assessment Phase	Understand the unique strength and needs of the child and families to develop individualized intervention strategy	Use standardized assessment tool.	The intervention strategy connects family's strengths and needs to the service goals identified by CA.
Family Stabilization	Parents learn and apply safe, developmentally appropriate ways to parent their children.	Specific skills and strategies are taught to help parents promote their children's social, emotional, and cognitive growth. Parents learn to plan appropriate responses to situations which may make their children unsafe.	The child is safe and protected in the family home. Parent demonstrates the ability to interact in safe, nurturing ways with their children. Caregiver can identify triggers which bring on unsafe behavior and ways in which they can avoid them.
Self-Management Phase	Parents consistently implement safe and developmentally appropriate parenting skills.	Establishment of family and community supports by caregiver(s) to maintain control over or avoid unsafe behavior.	The child is safe and protected in the family home. Parent demonstrates age appropriate, non-punitive behavior management strategies with the child. Regularly engages in nurturing interactions with the child. Family uses support system to help them control unsafe behavior.

CONCRETE RESOURCES

The goal of Concrete Resources is to provide the supports that families need to safely care for their

children. Generally, these supports involve a one-time purchase. Concrete resources will be provided by the Network Administrator in conjunction with Crisis Services and Family Education & Support. Concrete resources will be provided by CA when the NA is not providing other services.

Concrete Resources include, but are not limited to:

- Food
- Clothing
- Household repairs that relate directly to child safety threats
- Developmentally appropriate and safe furniture for the children in the home

The Contractor shall assist the family in obtaining Concrete Resources specified in the service referral from the CA caseworker. The service provider shall first seek community resources to provide Concrete Resources that are available at no cost to the client or the service provider before funds are expended for Concrete Resources. If community resources for Concrete Resources are not available, the service provider shall request authorization from the referring caseworker to purchase Concrete Resources. CA is not able to pre-pay for any services. Thus, swipe cards, gift cards, and similar services are not reimbursable with funds for Concrete Resources.

ASSESSMENT FOCUS

Service Goals

The goal of Assessment Focus is to provide insight and understanding into a child, a parent, or a family to identify and support the short and long term needs as it relates to CA's efforts towards managing threats to child safety, achieving permanency, placement stability, and improving child well-being. CA will typically use these findings to develop effective Safety Plans and case plans.

Service Category

EVALUATION & ASSESSMENT

Within Evaluation and Assessment, there are several assessments and evaluations that CA may request. The service goals identified by the CA caseworker will generally center on one of following primary areas needing assessment:

1. Developmental Assessment provides an understanding of the client's cognitive, emotional, physical, behavioral, academic and/or social characteristics and patterns of disorder, amenability to treatment and prognosis based on direct examination and interview, appropriate testing, collateral contacts and or/records review. To be provided by a professional staff.
2. Domestic Violence Assessment provides a current and historic understanding of the frequency, intensity, and duration of violence in the person's life. This is provided in context to the person's cultural, cognitive functioning, and mental health.
3. Parenting Assessment provides a current understanding of the parent(s) and child attachment relationship, parenting approach and skills, and approach and use of discipline, including barriers to parenting and parent's ability to make changes in a timeframe that meets requirements for child safety in the home.
4. Psychiatric Assessment and evaluation provides a wide range of medically necessary psychiatric services that is limited to evaluations and short term treatment. In addition to being a licensed psychiatric provider, the psychiatric assessor and treatment provider shall be child or adolescent certified.
5. Psychological Assessment provides a clear understanding of the personality, psychopathology, emotionality, intellectual abilities of the child or parent by utilizing standardized, valid and reliable psychological tests. This assessment shall be conducted by licensed psychologist.
 - Parental Capacity Evaluation integrates the parent(s) parenting strengths and weakness (e.g. disciplining, history) as impacted by other factors such as child abuse, domestic violence, substance abuse, or mental health. This evaluation includes overall conclusions identifying barriers for the parent(s) to safely parent their children.
6. Psychosocial Evaluation provides a current understanding of the clients cognitive, emotional, behavioral and social characteristics. This assessment is performed by at least a professional staff.
7. Sexual Deviancy Adult Only provides of the client's emotional, behavioral and social characteristics, history and patterns of sexual deviance, and amenability to treatment and prognosis. The evaluation shall be based on direct examination and interview, appropriate testing, collateral contacts and/or records review. This assessment is performed by at least a professional staff with training and certification specific to adult sexual deviancy.

8. Permanency Assessment provides a systematic and standardized assessment of children identified by the CA caseworker, in accordance with RCW 74.14A.050(1), to provide an understanding of the educational, physical, emotional, mental, and medical needs of children as these needs impact permanency and to assist the CA social worker in implementing a permanent plan.

Service Requirement

All assessments and evaluation shall be clinically driven, that are strengths-based, using standardized and validated tools (when available), incorporating historical information, addressing CA identified concerns, and are based on a sample of the child and/or parent interpersonal behavior and emotional processes. The product of assessments and evaluations shall be a written report to CA.

Service Referral and Service Provider Assignment

The NA shall have the capacity and ability, Monday through Friday, 8:00 am to 5:00 pm excluding holidays, to accept and confirm the requested service provider assignment within 3 days of a CA referral for Evaluation & Assessment services. When the requested service provider is not available, the reason shall be identified and two alternatives who match the needs of the family shall be identified.

For referrals where the CA caseworker has not requested a specific service provider, the NA shall respond to the referral by assigning a service provider matching the service goals and family within three (3) days of the referral.

Service Initiation

Once a service provider is assigned, the provider shall make initial contact with the family or caseworker within 3 days to schedule the necessary meeting to complete the assessment.

Delivery and Duration of Service

Unless otherwise identified by the caseworker, the assessment shall be completed and report submitted to CA within six weeks of service provider assignment.

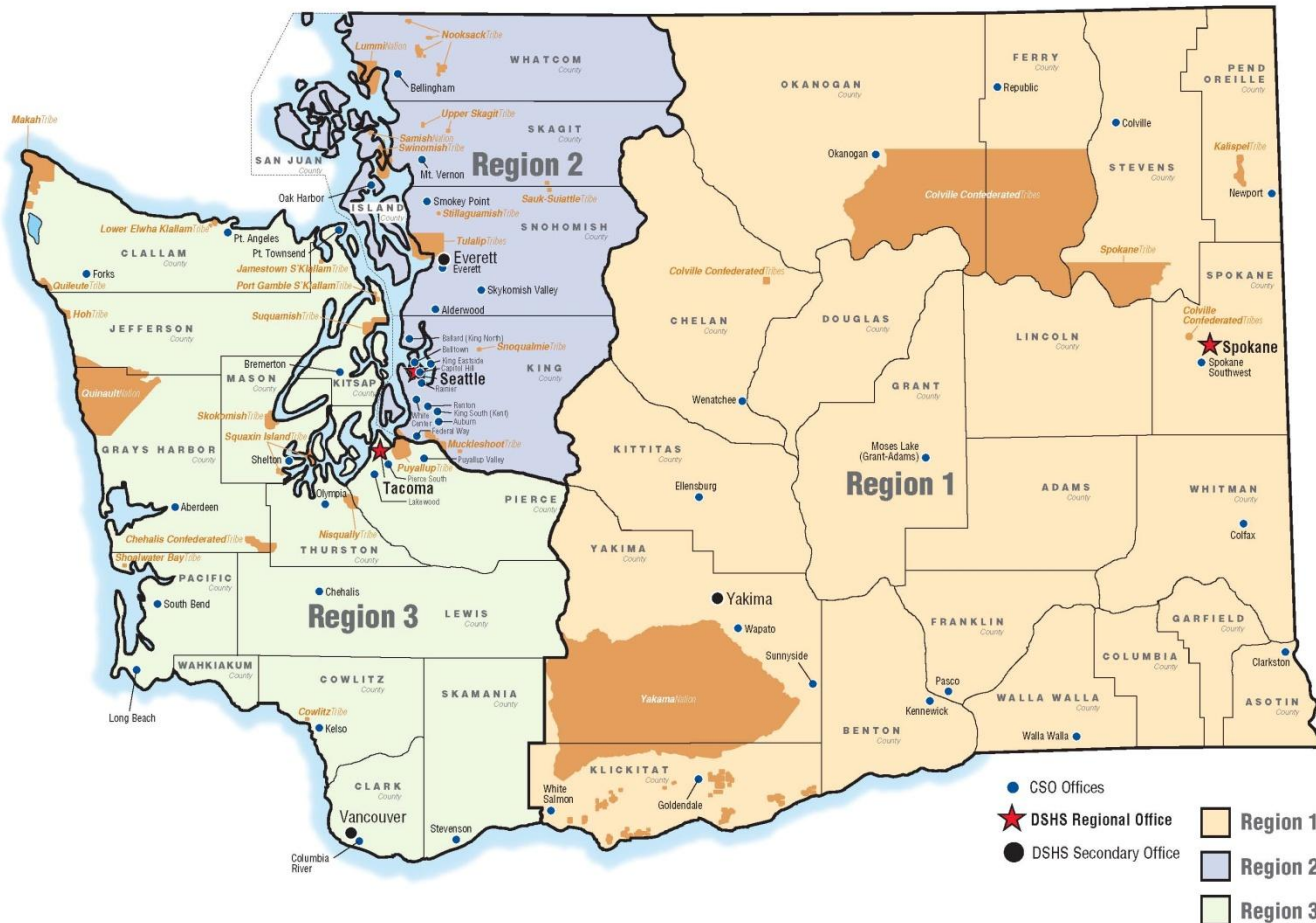
Documentation & Reports

The NA shall ensure that all Information and conclusions contained in evaluation reports must be supported by log or counseling notes in the individual client case record including, but not limited to, the following:

- Source and reason for referral.
- Contacts with the client, including dates and duration of contact, and location where service was provided.
- Client background information and the source of the information.
- An account of the client's self-reporting, including how the client views his or her present situation and history.
- Types of tests conducted, by whom, dates given, results, interpretation, and method of interpretation.
- Diagnosis.
- Conclusions, including prognosis and barriers.
- Specific and detailed recommendations for services and treatment and the basis for the recommendations.

7.3 EXHIBIT C – DSHS REGIONAL MAP

DSHS Regional Map



Effective May 1, 2011
Revised 12/15/11